L19000073880

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
CHRICA AMERICA	N SOCIAL DELRAY, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Lilly Perez		
		Name of Person	
	American Social		
		Firm/Company	
	1401 E Broward Blvd, S30		
		Address	
	Fort Lauderdale, FL 33301	City/State and Zip Code	
	lilly@american.social	Chyronaic and rap Code	
	E-mail address: (to be used for future annual report not	fication)
For further information c	oncerning this matter, please co	ali:	
Anthony Mijares		at (305) 790-9600 Area Code Daytim	
Name o	f Person	Area Code Daytim	ie Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	orporations	Division of Cor	rporations
P.O. Box 632	7	The Centre of T	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FILED

AMERICAN SOCIAL DELRAY, LLC

2023 JUL 13 PM 4: 08 (Name of the Limited Liability Company as it now appears on any records.)

(A Florida Limited Liability Company)

(T,	ALLAHASSEE, FL
The Articles of Organization for this Limited Liabili	ty Company were filed on 03/15/201	9 and assigned
Florida document number L19000073880		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
AMERICAN SOCIAL DELRAY BEACH LLC		
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	()	
"		
B. If amending the registered agent and/or regist agent and/or the new registered office address he Name of New Registered Agent:		, <u>and the register</u>
New Registered Office Address:		
	Enter Florida stre	i address
<u> </u>		FloridaZip Code
		Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete performance of my du ed agent as provided for in Chapte stered office address, I hereby con	ities, and I am familiar with and r 605, F.S. Or, if this document is
	If Changing Registered Agent, Sig	nature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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reffective date is li te: If the date in	other than the date of filing:
ecord specifies a s filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ed July 5th	. 2023
	Signature of a member or authorized representative of a member
	Anthony Mijares, Authorized Member
	Typed or printed name of signee

.

Filing Fee: \$25.00