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(Re	questor's Name)	
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(Bu	isiness Entity Nar	ne)
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
Delray One	, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Avri Ben-Hamo, Esq.		
		Name of Person	
	Ben-Hamo Law, PLLC		
		Firm/Company	
	2701 NW Boca Raton Blv	d. Suite 118	
		Address	
	Boca Raton, FL 33431		
	-	City/State and Zip Code	
	avri@benhamolaw.com		
		to be used for future annual report not	tification)
For further information e	oncerning this matter, please c	all:	
Avri Ben-Hamo, Esq.		561 372-9091	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	action
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	•
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Delray One, LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 03/19/2020	and assigned
lorida document number L20000085716		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limit	ted liability company here:	
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LI.C" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR.	ESS)	
		020
		2020 1104
nter new mailing address, if applicable:		process process
(Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, enter th	ne name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	emer riorida sireel dadress	
	, Flor	ida
	CHY	zip Coae

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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

Title	<u>Name</u>	Address	Type of Action
MGR	Rotkopf, Ram	11975 W. Sample Road	
		Coral Springs, FL 33065	□Remove
			□ Add
			□Remove
			2020 hange ROV
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ective date, if other than the de	ate of filing:	(optional)	יכט ז
te: If the date inserted in this block	k does not meet the applicable stati	filing or more than 90 days after filing.) Pursuant to 60: utory filing requirements, this date will not be list	ed a
cument's effective date on the Dep	artment of State's records.		
ecord specifies a delayed effective of	date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day after	r th
November 11	2020	presentative of a member	

Filing Fee: \$25.00