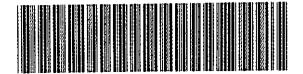
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## **COVER LETTER**

	egistration Sec ivision of Corp					
emb icza	DELTAIM,					•
SORTECT	: <u></u>		nited Liability Company	<u> </u>		
The enclose	ed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please retui	rn all correspon	dence concerning this matter	to the following:			
		ADRIANA CASTILLO H	IGGINS			
٠	,		Name of Persor	)		
		DELTAIM, LLC				m2 ( } )
			Firm/Company	•		- BS
		338 E DANIA BEACH BI	LVD, # 283			
			Address			70
		DANIA BEACH FL 3300-	4			. ,>
		NETMIAMIREALTY@GN	City/State and Zip C	lode		·
		E-mail address: (	to be used for future an	nual report notific	ation)	
For further	information con	ncerning this matter, please co	all:	•		•
ADRIANA	CASTILLO H	IGGINS	954	3256783		
	Name of	Person	Area Code	Daytime T	elephone Number	<del></del>
Enclosed is	a check for the	following amount:			•	
<b>■</b> \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop	y	Certified	te of Status &
. Re Di P.	ailing Address: egistration Se ivision of Co O. Box 6327 allahassee, FI	ection rporations	Reg Div The 241	et Address: istration Secti ision of Corpo Centre of Tal 5 N. Monroe S ahassee, FL 3	orations Hahassee Street, Suite 8	10

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELTAIM, LLC	
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.)
(, t i tottaa mintee ma	1 1
The Articles of Organization for this Limited Liability Company w	ere filed on 9 25 2020 and assigned
Florida document number <u>L20000304122</u>	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company "the designation "LLC" or the abbreviation "LLC"
•	Company, the designation and of the invertigion and
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
•	1,5)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
maing waves MAT BE ATOST OFFICE BOAT	<del></del>
· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office add	draws on any magnetic enter the name of the name again
agent and/or the new registered office address here:	aress on our records, enter the name of the new regis
·	
Name of New Registered Agent:	,
tvame of tvew registered rigent.	
New Registered Office Address:	
	Enter Floridá street address
· .	Florida
	City Zin Code

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 v provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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 penns or removed from our records:

MGR = Manager AMBR = Authorized Member

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DANIA BEACH EL 33004	_ □Remove
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ord specifies a delayed effective date, but not	t an effective time, a	at 12:01 a.m. on the ear	lier of: (b) Th	e 90th day at
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		VUITA WILLIK	<b>~</b>	
Signature of a	member or authorized	representatives a memb	ier	