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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone

Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	******
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THROW SOCIAL DELRAY BEACH LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liat (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L21000016543	y Company were filed on 01/21/2021	andassigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		···
B. If amending the registered agent and/or register	and office address on our resource ententhe na	mis of the laws made
neent and/or the new registered agent and/or registered agent and/or the new registered office address here		: ` ;
		<u>~</u>
Name of New Registered Agent:		
New Registered Office Address:		6 2
	Enter Florida street address	5.2

## 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 Changing Registered Agent, Signature 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

To:

Title	Name	Address	Type of Action
MGR	Ginger Flesher Living Trust	2601 NE 26th Ave	🗀 Add
		Lighthouse Point, FL 33064	■ Remove
			□Change
AMBR	Ginger Flesher Living Trust	2601 NE 26th Ave	<b>⊡</b> Add
		Lighhouse Point, FL 33064	□Remove
			Change
<del></del>			⊡Add
			Пстюче
			□ Change
<del></del>			□ Add
			□Remove
			□Change
			□Remove
			□ Change
*			□Add
			Remove
			□ Changa

2024-04-24 13:11:42 CST

12122023573

From: David Thomas

Typed or printed name of signee

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To: