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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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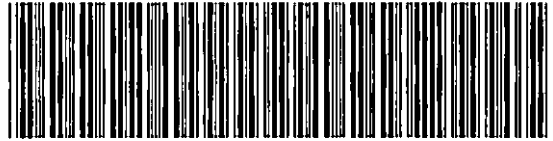
(Business Entity Name)

(Document Number)

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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DELANCY HOLDINGS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

*SAMUEL W. FRONTERA*  
MR. SAM FRONTERA

Name of Person

DELANCY HOLDINGS LLC

Firm/Company

1860 S.E. 5TH. COURT

Address

POMPANO BEACH FLORIDA 33060

City/State and Zip Code

cinemafrontera@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

*SAMUEL W.*  
~~SAM~~ FRONTERA

561 445-2539

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DELANCY HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/19/2021 and assigned  
Florida document number L21000129652.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "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 ADDRESS)**

MR. SAM FRONTERA CEO, PRESIDENT, R.A.

1860 SE 5TH CT. POMPANO BEACH, FL 33060

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1860 SE 5TH CTPOMPANO BEACH, FL 33060

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

MR. SAM FRONTERA

New Registered Office Address:

1860 SE 5TH CT.

*Enter Florida street address*

POMPANO BEACH

*City*

Florida 33060

*Zip 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 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 add or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	MR. SAMUEL W. FRONTERA JF	1860 SE 5TH CT POMPANO BEACH, FL 33060	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRESIDE	MR. SAMUEL W. FRONTERA JF	1860 SE 5TH CTPOMPANO BEACH, FL 33060	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
SEC/TRF	MR. SAMUEL W. FRONTERA JF	1860 SE 5TH CT POMPANO BEACH, FL 33060	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 21, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee