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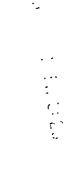
(Requestor's Name)
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(City/State/Zip/Phone #)
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(Bosiness Emily Name)
(Document Number)
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COVER LETTER

Division of Corporations	
SUBJECT: Del Cay Every Lhu Name of Limited Liability Co	Sagel LLC
The enclosed Articles of Amendment and fee(s) are submitted for filir	ng.
Please return all correspondence concerning this matter to the following	ng:
Delray Every	thing Bosel LLC
900 East all	antic Henrie Suite S
Delray Beach =	Ll. 33483 d Zip Code
DCO LOCALDEY C E-mail address: (to be used for fu	ture annual report notification)
For further information concerning this matter, please call:	
Name of Person at 51	OL, 572-7490 Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certific	Filing Fee & S60.00 Filing Fee, cd Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

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

(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 Co		and assigned
This amendment is submitted to amend the following:	- ∙ 1	
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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:	est distribution of the state o	r 3
Name of New Registered Agent:		•
New Registered Office Address:	Enter Florida street address	_ <u></u>
		<u> </u>
	, Florida	
	City	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 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
MBR	Geralomo, JACEq.	velineG. 1208 E. Atlantic	N € □Add
			□Remove
	Ger	-aldino, JACqUELINE_	Change
			□Add
			□Remove
			□ Change
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			□Add
			□Remove
			□Change
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			□Remove
			□Change
			□Add
			□Remove
			□ Change

(If an c <u>Note</u>	tive date, if other than the date of filing:
the rece	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	1 <u>9/30</u> . <u>2021</u> .
	Signature of aniember or authorized representative of a member
	Typed or printed name of signed