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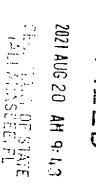
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COVER LETTER

TO: Registration Sec Division of Cor			
SUBJECT: Dela	name of Limit	Jerson Real ed Liability Company	Estate
The enclosed Articles of	Amendment and fee(s) are subm	nitted for tiling.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Delane	Henderson Name of Person	
	 	Firm/Company	
	2573 L	ovetto Road	<u> </u>
	Jack delaneyh	City/State and Zip Code enders ho be used for future annual report notif	32223 Amail.com
For further information c	oncerning this matter, please ca		reality (
Delaney Name)	Henderson FPerson	at (904) 624 Area Code Daytime	5-0840 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)	**************************************

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

(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 21,201 and assigned Florida document number 12,000 331 784

This amendment is submitted to amend the following:

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

Delace Henders Lability Company, the designation "LLC" or the abbreviation "LLC"

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

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 few registered agent and/or the new registered office address here:

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

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	Name	Address	Type of Action
		 	
			□Remove
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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effecti <u>e:</u> If	date, if other than the date of filing:
cord s s tiled	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
ed	08/15/2021
	Signature of a member or authorized representative of a member