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## **COVER LETTER**

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Tallahassee, FL 32314

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SUBJECT: _		Name of Lim	ited Liability Company	
The analogad	Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:  Alex Popiela  Name of Person  Advantage Global Resources, LLC  Firm/Company  5110 Main Street, Suite 201  Address  Williamsville, NY 14221  City/State and Zip Code apopiela@advantageglobalresources.com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:			
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	·	-	, and the second	
		Alex Popiela		
			Name of Person	
		Advantage Global Resource	ces, LLC	
			Firm/Company	
		5110 Main Street, Suite 20	) i	
			Address	
		Williamsville, NY 14221		
			City/State and Zip Code	<del></del>
			•	ication)
For further info	ormation co	oncerning this matter, please c	all:	
Alex Popiela				
Name of Person		Area Code Daytime	: Telephone Number	
Enclosed is a c	heck for th	ne following amount:		
□ \$25.00 Fil		☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	■ \$60.00 Filing Fee.
23.00	5	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>ng Addres:</u> stration S		Street Address: Registration Sec	etion
Divis	sion of C	orporations	Division of Corp	porations
P.O.	Box 632	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Delusional Capital Group LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) \_\_\_\_\_ and assigned Florida document number \_\_L21000531250 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Prato Way Management Group 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida\_ City

## 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
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n effective date is listed, the date must be	k does not meet the	applicable statute	ory filing requiremen	ts, this date will not be	listed as
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