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T. MATTHEWS APR 2 8 2022

## **COVER LETTER**

Division of Cor			
Delta Group	p II, LLC		
ACDJEX.T.	Name of Lim	ited Liability Company	
		and the state of t	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Humberto O. Rinaldi		
		Name of Person	
		FirmCompany	
	90 SW 3rd Street Suite C		
		Address	
	Miami, FL 33130		
	orinaldi@cwvdevelopment.	City/State and Zip Code com	_
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please of	all;	
Humberto O. Rinaldi		305 438-7731	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ie 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	···	Street Address	

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

Delta Group II, 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 March 22, 2022 and assigned Florida document number L22000117586 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:  $N/\Lambda$ The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 434 SW 10 Street Enter new principal offices address, if applicable: Unit B (Principal office address MUST BE A STREET ADDRESS) Miami, FL 33130 90 SW 3rd Street Enter new mailing address, if applicable: Suite CU-5 (Mailing address MAY BE A POST OFFICE BOX) Miami, FL 33130 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	02759	2022
Signature of a member or authorized representative of a member		4022
Signature of a member or authorized representative of a member	Dated	
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		Signature of a member or authorized representative of a member

Filing Fee: \$25.00