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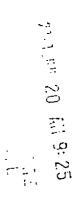
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Special Instructions to Filing Officer:





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COVER LETTER:

TO: Registration S Division of Co		•	٠,
	337 DELRAY LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ariel Yisraelian		
		Name of Person	
		Firm/Company	
	84 w 21 st		
		Address	
	Riviera Beach, FL 33404		a. •
		City/State and Zip Code	· .
	ariefy2000@gmail.com E-mail.address: i	to be used for future annual report notification)	·
For further information	concerning this matter, please c	•	20 Ei
Ariel Yisraelian		561 962-1033 at ()	مية ب بريان
Name	of Person	Area Code Daytime Telephone Nui	mber C C
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	Certificate of Status	Certified Copy Certical Copy is enclosed) Certical Certic	ith Filing Fee, ifficate of Status & iffied Copy ional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Section	
	Section Corporations	Division of Corporations	
P.O. Box 63	27	The Centre of Tallahassee	
Tallahassee,	1°L 32314	2415 N. Monroe Street, Sur	te 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

337 DELRAY LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears nited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on	03/10/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>-e</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the de-	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	·		
Principal office address MUST BE A STREET ADDRES	<u>s</u>		
			िन्छ ————————————————————————————————————
			20
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			2
	 -	-	10
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our re-	cords, <u>enter the nar</u>	ne of the new regis
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floric	la street address	
		, Florida	Zip Code
	City	<u> </u>	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Name</u>	Address	Type of Action
Rotter Noam Yosef	84 w 21 st	= Add
	Riviera Beach, FL 33404	
	,	DAdd
		Remove
		☐ Change
		□Change
		[]Add
		□Remove
		Rotter Noam Yosef Riviera Beach, FL 33404

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	07/15/2023	
ffectiv	e date, if other than the date of filing:	al)
an effe oter T	ave date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fif the date inserted in this block does not meet the applicable statutory filing requirements, this d	ing.) Pursuant to 605.0207 ate will not be listed as
	t's effective date on the Department of State's records.	
record	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
is file		
ated _	15. July 2023	
aicti _		70 20
	Hriel/	ÛŚ
	Signature of a member or authorized representative of a member	7 mg
	AriclYisraelian, MGR	·

Typed or printed name of signee