L22000172836

(Re	questor's Name)	
(Ad	dress)	_
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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02/06/24--01012--022 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Delta He Coring troperties Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Stefan Butz Name of Person	
Delta Hearing LLC	_
2937 Bee Ridge Rd	_
Scircosofa £ 342.39 City/State and Zip Code	_
SBUTZ. LWR @ GMAIL. COM E-mail address: (to be used for future annual report notification)	<i>e</i> :
For further information concerning this matter, please call:	五二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二
STEEN BUTZ 1941, 302 0183	3
Name of Person Area Code Daytime Telephone Numb	AT SECOND
Enclosed is a check for the following amount: \$\sigma \frac{1}{2}	· m 6
Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy is enclosed)	cate of Status & cod Copy hal copy is enclosed;

Mailing Address:

TO:

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

		(A Flor	rida Limited Lia	hility Company)				
		cles of Organization for this Limited Liability ocument number L22000/	y Company w 728	cre tiled on <u>4 -</u> 36	<u> 26-22</u>	and ass	signed	
	This ame	ndment is submitted to amend the following:	;·					
ye	A. If an	ending name, enter the new name of the li	imited liabili	ty company here:				
	The new n	ame must be distinguishable and contain the words "L	Limited Liability	Company," the designation	1 "LLC" or the ab	breviation "L	.L.C."	
	Enter no	w principal offices address, if applicable:						
	(Principa	ıl office address MUST BE A STREET AD.	DRESS)			<u> </u>		
۲),	٥							
		ew mailing address, if applicable: address MAY BE A POST OFFICE BOX)	<u>1</u>					<u> </u>
NK	1							
	B. If an	nending the registered agent and/or registend/or the new registered office address her	ered office ad <u>re</u> :	dress on our records,	enter the nam		Signal reg	istered
		Name of New Registered Agent:				<u> </u>	ক ক্র	
, ۳);Q	New Registered Office Address:		Enter Florida street	address	1110	표 -9: -5	
					, Florida	, Lu	0	
				City		Zip Code		
		istered Agent's Signature, if changing Regist						
	provisio accept t heing fil	accept the appointment as registered age ons of all statutes relative to the proper and he obligations of my position as registered led to merely reflect a change in the regist y has been notified in writing of this chang	id complete p d agent as pr tered office a	erformance of my dut ovided for in Chapter	ies, and I am j :605, F.S. Or,	familiar wi if this doc	ith and umen	d
	N/0							

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
Mar	STEFEN BUTZ	4819 SAN JESSE OF SARASOTA, FI 34235	Remove
			1.Change
			□Add
			□Remove
			🗆 Change
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	: on
ffective date, if other than the date of filing:) Pursuant (6) 605 Mg
ffective date, if other than the date of filing:	Pusulint 16,605 Mg. will no Dre listed
ffective date, if other than the date of filing:	Pusulint 16,605 Mg. will no Dre listed
Effective date, if other than the date of filing: [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date locument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The distilled. Dated 2-2- [Additional of the date is listed, the date is listed. Dated 2-2- [Additional of the date of filing: [Optional of the date of time is listed or more than 90 days after filing or more	Pusulint 16,605 Mg. will no Dre listed
	Pusulint 16,605 Mg. will no Dre listed

Filing Fee: \$25.00