L23000240643

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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Se Division of Cor	ction porations	, , ,	,
AB DELRA	Y BEACH, LLC		
	Name of Lir	nited Liability Company	
	Amendment and fec(s) are sulndence concerning this matter	_	
	Thomas Anderson		
		Name of Person	
	AB Delray Beach LLC		
		Firm/Company	
	4808 Beaconsfield St		
		Address	
	Las Vegas, NV, 89147		
	thomas@akiraback.com	City/State and Zip Code	<u></u>
		to be used for future annual report notif	ication)
For further information co	ncerning this matter, please c	all:	
Liz Lambert		414 803-2840	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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)
Mailina Addmas		Stores A.A.	

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

AB DELRAY BEACH, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records. a Limited Liability Company))
The Articles of Organization for this Limited Liability (Company were filed on 5/16/2023	and assigned
lorida document number L23000240643		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	ited liability company here:	
		L-3
he new name must be distinguishable and contain the words "Lin	nted Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	1 70
		ָרָי
	-	
inter new mailing address, if applicable:		- - -i
Mailing address MAY BE A POST OFFICE BOX)		
-		
. If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	e name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	City	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 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>		Address	Type of Action
MGR	THOMAS ANDERSON		4808 BEACONSFIELD ST	□Add
			LAS VEGAS, NV 89147	= Rепюче
				□ Change
				□Add
				□Remove
				□Change
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an effective date is listed. In the date insert	er than the date of filing, the date must be specific are ed in this block does not ate on the Department of	nd cannot be prior t meet the applica	o date of filing or mo	(option re than 90 days after fi requirements, this o	ling.) Pursuant to 605,020
record specifies a detall is filed.	ived effective date, but no	ot an effective tir	ne, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
	JULY 23	2023			
ated					
Pated		Jhona Om			
Dated		Jhonon Om	rized representative of	of a member	

• • •