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(Reques	tor's Name)				
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(City/Sta	te/Zip/Phone #)				
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10/10/23--01030--005 **60.00



COVER LETTER

TO:	Registration Se Division of Cor	ection porations				
SUBJE	5515 Delaw	vare Ave LLC				
.,01301,		Name of Limi	ted Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please r	eturn all correspo	indence concerning this matter	to the following:			
		Jamie L Labrecque				
		·	Name of Person	·		
		-	FirnvCompany			
		5133 South Shore Drive				
			Address			
		New Port Richey FL 34652	!			
		jltabrecque@aol.com	City-State and Zip Code			
For furt	her information e	F-mail address: (oncerning this matter, please ca	o be used for future annual report notifica	ition)		
	Labrecque	and the please of				
Name of Person		f Person	Area Code Daytime Telephone Number			
Enclose	d is a check for th	ne following amount:				
□ \$2 5	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres Registration S		Street Address: Registration Section	an		

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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



5515 Delaware Ave LLC		47)
(Name of the Limited Liabi (A Flori	ility Company as it now appears or da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on 08/10/	2023 and assigned
Florida document number 1.23000377366	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
Delaware LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADD	ORESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here:	ed office address on our reco :	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida
	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

Title	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			
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Effective da	te, if other tha	n the date of	filine:			(antio	unal)	
Note: If the	late is listed, the di date inserted in ffective date on	inis block does	not meet the a	ipplicable sta	of filing or mon tutory filing r	than 90 days after equirements, this	nal) filing.) Pursuant to 605 date will not be list	.020 ed a:
e record speci ed is filed.	fies a delayed e	Meetive date, bu	it not an effect	tive time, at	12:01 a.m. on	the earlier of: (h)	The 90th day afte	r the
Dated Octob	er 4		2023	<u></u>				
		Signature	of a member of	authorized re	presentative of	a member		

Filing Fee: \$25.00

COVER LETTER

TO: Registration Section

Division of Cor	porations				
	vare Ave LLC				
SUBJECT:	Name of Lim	ited Liability Company			
		tal I A Test			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Jamie L Labrecque				
	- 1, , , , , , , , , , , , , , , , , , ,	Name of Person			
		Firm/Company	···-		
	5133 South Shore Drive				
		Address			
	New Port Richey FL 3465	2			
	jllabrecque@aol.com	City/State and Zip Code			
		to be used for future annual report no	tification)		
For further information c	oncerning this matter, please c	all:			
Jamie L Labrecque		727 389-3450 at () Area Code Daytime Telephone Number			
Name o	f Person	Area Code Daytii	ne Telephone Number		
Enclosed is a check for the	ne 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: Registration Section		Street Address: Registration So	ection		
Division of C	orporations	Division of Corporations			
P.O. Box 632		The Centre of Tallahassee			
Tallahassee, I	nt. p2314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303