

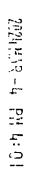
(Requestor's Name)
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## **COVER LETTER**

## TO: Registration Section **Division of Corporations**

Tallahassee, FL 32314

Delray Bea	ich Flyers LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Kelley Gable				
	<del></del>	Name of Person	<del></del>		
	01/29/2024				
	Firm/Company				
	2310 NW 67th St				
		Address			
	Boca Raton FL 33496				
		City/State and Zip Code			
	sonomacatalog@yahoo.con E-mail address: (	n to be used for future annual report n	otification)		
For further information of	concerning this matter, please c	·			
01/29/2024					
Name of Person		at () Area Code Dayt	time Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 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 Address: Registration Section		Street Address:			
Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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	Ethan Gable	2310 NW 67th St Boca Raton FL 33496	□Add
			≅Remove
			□Change
MGR	Kelley Gable	2310 NW 67th St Boca Raton FL 33496	■Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
	<del></del>		□Add
			Remove
			Change
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	<del></del>		🗆 Add
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