

To:

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2022-12-09 09:55:00 CST

1614554662

From: James Tanks

12/9/22, 9:00 AM

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

2022 DEC -9 AM 11:27

STATE SECRETARY OF CORP. DIVISION OF CORP. AFF.

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2022 Dec 9 AM 9:55

LLC AMND/RESTATE/CORRECT OR M/MIG RESIGN
ELON LAURELS LLC

| | |
|-----------------------|---------|
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
 AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
 BUSINESS IN FLORIDA**

2022 DEC -9 AM 11:27

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Elo: Laurels LLC

Enter new principal office address, if applicable: 67 Hunt Street, Suite 206

(Principal office address
 MUST BE A STREET ADDRESS)

Agawam, MA 01001

Enter new mailing address, if applicable:

(Mailing address
 MAY BE A POST OFFICE BOX)

67 Hunt Street, Suite 206

Agawam, MA 01001

2. The Florida document number of this limited liability company is: M19000003955

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: April 18, 2019

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
 (must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

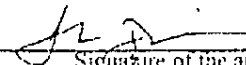
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

STATE OF CALIFORNIA
DIVISION OF CORPORATIONS
2022 DEC -9 AM 11:27

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
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| _____ | _____ | _____ | <input type="checkbox"/> Remove |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Joshua Friedman, President of Nepsa Property Investors, Inc., the manager of Nepsa Manager L.L.C., the manager of Elon Laurels L.L.C.

Typed or printed name of signee

Filing Fee: \$25.00