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(R	equestor's Name)	
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COVER LETTER

TO:

Registration Section Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:	ELM	SOUARE P	ROPERNES, LLC	
		Name of Lin	nited Liability Company	
The enclosed Art	icles of Ame	endment and fee(s) are sub	omitted for filing.	
Please return all o	corresponde	nce concerning this matter	to the following:	
	-	MAR	1A C KUNIN	
	-		SQUARE PROPER Firm/Company	THES, LLC
	-	P	20 BOX 7353	
	_	LAK	ELAND, FL 33	3607
	_		City/State and Zip Code EHIT @ qmal. (to be used for future annual report notif	
For further inform	nation conce	rning this matter, please c	all:	
KAX	LEN	KUNIN	at (363) 646 4	1262
	Name of Per	son	Area Code Daytime	: Telephone Number
Enclosed is a che		= '		
\$25.00 Filing	; Fee E	S30.00 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 Registration	ADDRESS:	STREET/COURING Registration Section	

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ELITI SCAPATI		OPERIT			
(<u>Name of the Limited Li</u> (A F	ability Compan orida Limited Li	y as it now appear ability Company)	s on our records.)		_
The Articles of Organization for this Limited Liability Company were filed onand assigned Florida document number					
Florida document number <u> </u>	7116				
This amendment is submitted to amend the followin	g:				
A. If amending name, enter the new name of the	limited liabil	ity company he	ere:		
ELM S	SQUAR	E, LLC			
The new name must be distinguishable and contain the words	"Limited Liabilit	y Company," the d	esignation "LLC" or t	the abbreviation	r"L L.C."
Enter new principal offices address, if applicable	:				
(Principal office address MUST BE A STREET AL	DDRESS)			<u></u>	<u>.,</u>
					o O
					1
Enter new mailing address, if applicable:					J 7
(Mailing address MAY BE A POST OFFICE BOX)				, ¬	2 , 1 ,
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				<u> </u>	·
				>	
B. If amending the registered agent and/or r			our records, <u>er</u>	nter the nar	ne of the new
registered agent and/or the new registered office	address nere:				
Name of New Registered Agent:				./ 1	
New Registered Office Address:	4798	S FLORI	DA AVE	#24	'/
		Enter Flor	ida street address		
	LAKEL	AND	DA AVE ula street address , Florid	, 338	<i>y</i> 3
	, 	City	; r.ond	Zip Co	
New Registered Agent's Signature, if changing Regis	tered 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>	Name	Address	Type of Action
VP	SAMANTIHA MARIE	P.O. BOX 7353	🗆 Add
	KUN/N	P.O. BOX 7353 LAKELAND, FL 3380	Z Remove
			Change
RES	MARIA C KUNIN	4798 S FLORIDA AVE	- □ Add
		LAKELAND, FL 358%	3 # 247 Remove
			BChange
			□ Remove
			Change
		지	Change
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