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SECONDIVERY OF STATE

D. BRUCE

MAR 18 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:		NSTRUCTION, LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles of A	nendment and fee(s) are sub	omitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
		IRINA S. PRELL			
	,	Name of Person			
ELYSIUM CONSTRUCTION, LLC					
		Firm/Company			
4109 SW 27TH AVENUE			10 E		
		Address		建州 秦	
	CAPE CORAL, FL 33914		O MAR 17		
		City/State and Zip Code			1
	E-mail address: (t	o be used for future annual report no	lification)	AM 10: 39 OF STATE E. FLORIC	74,,,,,
For further information cor	ocerning this matter, please co	all:		A	
IRINA Name of F	A S. PRELL	at (239)	229-1111 me Telephone Number		
ivame or r	-612011	Alea Code & Daya	me rejephone ramoei		
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	ite of Status &	ed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahussee, FL 3/2314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELYSIUN	I CONSTRUCTION, L	.LC			
(<u>Name of the Limited Liat</u> (A Flor	ility Company as it now appear ida Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liabili	ty Company were filed on	10/23/2007	8	and ass	igned
Florida document number L07000107521					
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liability company here	<u>e</u> :			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compar	ny," the designation	"LLC"	or the a	bbreviation
E.E.C.			<u>S</u> ,	4	
Enter new principal offices address, if applicable:			<u> </u>	0	
(Principal office address MUST BE A STREET AL	DDRESS)			Ž	
			SS	7	4-1-40-4134
			33	2	777
Enter new mailing address, if applicable:			ي. د	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX))	· · · · · · · · · · · · · · · · · · ·	SA RA	ယ	
			>		
B. If amending the registered agent and/or re	gistered office address on o	ar records, enter	the na	ıme of	f the new
registered agent and/or the new registered office a		,			
Name of New Registered Agent:			<u></u>		
New Registered Office Address:					
	Ente	er Florida street a	ddress		·
		, 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 608, 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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title Name Address Type of Action **MGRM** ROMAN IGNASHKIN 4109 SW 27TH AVE ✓ Add CAPE CORAL, FL 33914 Remove ☐ Add Remove ☐ Add Remove Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARCH 2010 Signature of a member or authorized representative of a member IRINA S. PRELL Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00