L08000012588

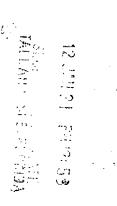
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(В	usiness Entity Na	me)
(D	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	





400255274704

01/21/14--01043--018 **30.00



JUSTINETS JAN 2 9 2013

Registration Section TO: **Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Elizabeth Brit Name of Person Firm/Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount: □ \$25.00 Filing Fee **▼**\$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF ORGANIZATION **OF**

Elizabeth Elnora F	fall LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)			
The Articles of Organization for this Limited Liability Company w	ere filed on Da 04 20	<u>800</u>	ınd assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability of the limited liability of the new name must be distinguishable and end with the words "Limited Liability of the new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	tt LLC	ne abbrevi	ation "L	.L.C."
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>				
B. If amending the registered agent and/or registered offi- registered agent and/or the new registered office address here:	ce address on our records, <u>ent</u>	er the 1	name o	of the new
Name of New Registered Agent:			;; ;;	· ·
New Registered Office Address:	**************************************		177.3	
	Enter Florida street address		22	- 1
	, Florida,	Zi _j	∵∏ o 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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u></u>			Add
			□ Remove
			Add
			□ Remove
			
			☐ Add
			Remove
			□ Add □ Remove
			□ Remove
			G Add
			□ Remove
			□ Add
			□ Remove

	· · · · · · · · · · · · · · · · · · ·
he ef	etive date, if other than the date of filing:
he ef he da	fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
he ef the da	fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State)
The ef the da	fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State) d. January 15, 2014

Page 3 of 3

Filing Fee: \$25.00