## 1090000014563

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A. LUNT

APR 21 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Eliora M	anagement LLC	
		ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are suit	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	<del></del>	Ruel Scott	<u> </u>
		Name of Person	
	El	iora Management LLC	
Firm/Company			
	14	421 Lake Jessup Drive	2010 APR 19
		Address	
	ı	ankan milla El 222E0	APR 19 PH
		Jacksonville, FL 32258 City/State and Zip Code	
		bizm@jaroc.net	100 H 2: 40
	E-mail address: (	to be used for future annual report notifica	tion) ŞA 🕹
For further information	concerning this matter, please	eall:	•
	Ruel Scott	at (_904_)7	10-5437
Name	of Person	Area Code & Daytime 1	Celephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	INC ADDRESS.	STREET/COURIE	D ADDRESS.

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 AMENDMENT TO' ARTICLES OF ORGANIZATION OF

Eliora Manag	gement LLC	·
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our record Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company	were filed onFebruary 12,	2009 and assigned
Florida document number <u>L0900014563</u>	,	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designar	
Enter new principal offices address, if applicable:	13820 Old St. Augustine F	Road A
(Principal office address MUST BE A STREET ADDRESS)	Suite # 113-136	Road NA
	Jacksonville, FL 32258	1 <b>6</b> 438
Enter new mailing address, if applicable:	13820 Old St. Augustine F	Road S N O
(Mailing address MAY BE A POST OFFICE BOX)	Suite # 113-136	P. 10
	Jacksonville, FL 32258	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	The state of the s	
	Enter Florida stre	et address
	, Flori	
•	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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = 1	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		<u> </u>	
<del></del>			Add Remove
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D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	ı
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Dated	4   8   10		
	- Vive	liota	
	Signature of a viember	r or authorized representative of a member	
	Týped	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00