10900084851

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COVER LETTER

TO: Registration Section Division of Corpora			. •
SÚBJECT:	Elebration	FL LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are sub	mitted for filing.	
Please return all corresponder	nce concerning this matter	to the following:	
-	Danie	1 Bailer Name of Person	
_			
		Firm/Company	
-	1 40 W.	Elm St. 1D	
-	Green	wich CT 0 6830	C
_	E-mail address: (s 2007 @ 9 mail. to be used for future and multi-	
For further information conce	rning t his matter, please ca	all:	
Daniel B	subar	at () <u>203-</u> Area Code Daytin	769-1203 ac Telephone Number
/			
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	1 \$30.00 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)
Registration Division of	Corporations	STREET/COUR Registration Section Division of Corpo	on
P.O. Box 6. Tallahassee		Clifton Building 2661 Executive Co Tallahassee, FL 3	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2017 DEC 13 PH & 02 COORDANT LAHASSEE, FLORIN; and assigned	
'LLC" or the abbreviation "L.L.C."	
ords, enter the name of the nev	4

(Name of the Limited Liability Company as it now appears on our red
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____ Florida document number <u>L0900084851</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation " Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our reco registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

or removed for MGR = Ma	rom our records:	s) authorized to mana	nge, enter the title, name, and address of each	person being added
<u>Title</u>	<u>Name</u>	 	Address	Type of Action
TRUSTEE	Daniel	Barber	40 WEST Elm St, 1D Greenwich CT 06830	🖰 Add
				Change
M <u>anage</u> i	Elsiela	<u>lebster</u>	411 ARbor Circle Celebration, FL3474	□ Add
				Change
		•		□ Remove
			, and the second se	OF CONTRACTOR OF
				Change
		i i		□ Add □ Remove
		1		
_		- -		🗆 Remove
				Change

. If amending a	' nny other informa	tion, enter change(s) here: (Attach additional sheets, if necessary.)
. ` `		
		2017 DEC 13 PM to 02
		2017 DEC 13 PM
		FALCRETARY OF
	<u></u>	TALLAHASSEE, FLORIDA
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Note: If the da	e is listed, the date mus ite inserted in this bl	date of filing: 12 12 17 (optional) st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ock does not meet the applicable statutory filing requirements, this date will not be listed as repartment of State's records.
	ecifies a delayed day after the rec	d effective date, but not an effective time, at 12:01 a.m. on the earlier of ord is filed.
Dated 12	12	Signature of a member or authorized representative of a member WEBSTER Typed or printed name of signee
	<u> </u>	Signature of a member or authorized representative of a member
	Elsie	WEBSTER Typed or printed name of signee
		· · · · · · · · · · · · · · · · · · ·

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Filing Fee: \$25.00