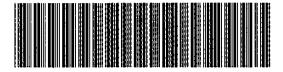
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EXAMINER

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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TC Registration Section
Division of Corporations

SUBJECT:	ELY	ON, LLC	
	Name of Limi	ted Liability Company	10 101 29
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	m	chael M. Gome	ez
	E	LYON, LLC Firm/Company	
	3810 H	anover Hill Dr.	
		Valrico, FL 33 City/State and Zip Code per 191401 @ Vah to be used for future annual report hotifica	3596
-	E-mail address: (i	per 191401 @ Vah	ioo.com
For further information cond		•	
Michael Name of Pe	m. Gomez	at (<u>§ 13</u>) 389 - 1 Area Code & Daytime 1	1323 Felephone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 Filing Fee	\$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)

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

ELV	Pany as it now appears on our records.) d Liability Company)				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					
The Articles of Organization for this Limited Liability Compa Florida document number <u>L10000007029</u> .	1 1				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company here:				
The new name must be distinguishable and end with the words "Li"L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation				
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 registered agent and/or the new registered office address h	office address on our records, enter the name of the new				
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	Florida				

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.

City

Zip Code

ing the Managers or Managing Members on our records, enter the title, name, and address of each Manager ging Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action			
MG RM	Michael M. Gomez	3810 Hanover Hill Dr. Valrico, FL 33596	Add Remove			
MGR	Michael M. Gomez	3810 Hanover Hill Dr. Valrico, FL 33596	Add Remove			
MGRM	Mania C. Gomez	3810 Hanover Hill Dr. Valrico, FL 33596	Add Kemove 			
	·		Add Remove			
			Add Remove			
			Add Remove			
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_			
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	0 1 1 1		-			
Dated	November 21 201 Signature of a member of	3				
-	Michael M. Gomez Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00