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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Division of C	Section orporations	. y.,	, ·		
SUBJECT:	EL	GOR LLC			
•	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
		OLIVIER ROSE			
		Name of Person			
ELGOR LLC					
		Firm/Company			
Address BRADENTON, FL 34210					
	E-mail address: (OLUSA@HOTMAIL.COM to be used for future annual report notifi	cation)		
For further information	concerning this matter, please o				
LUC	IEN LATREILLE	at (941)	755-8221		
Name	LUCIEN LATREILLE at (941) 755-8221 Name of Person Area Code & Daytime Telephone Number		Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 SECRETARY OF STATE ARTICLES OF ORGANIZATIONS OF CORPORATIONS

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		***	סני יוי	
•	ELGOR LLC			
(Name of the Limited Lia	bility Company as it now appear	s on our records.)		
(A Flo	bility Company as it now appear rida Limited Liability Company)	,		
	\hat{A}			
The Articles of Organization for this Limited Liabil	ity Company were filed on	12-17-2010	and assigned	
Florida document number L1000012928	7			
Torrad document famous	 -			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited lighility company har	.		
A. If amending name, enter the new hame of the	timited hability company her	•		
The new name must be distinguishable and end with the	e words "Limited Liability Compar	ny," the designation "LL	.C" or the abbreviation	
"L.L.C."	•			
Enter new principal offices address, if applicable	:			
(Principal office address MUST BE A STREET A				
Frincipal office address MOST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable:				
- · · · · · · · · · · · · · · · · · · ·				
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
B. If amending the registered agent and/or r		ur records, <u>enter th</u>	e name of the new	
registered agent and/or the new registered office	address here:			
Name of New Registered Agent:				
Hame of New Registered Agent.				
New Registered Office Address:				
	Enter Florida street address			
-	City	, Florida	Zip Code	
	City		AND COMO	

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

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 = Managing Member

<u>Title</u> Type of Action <u>Name</u> **Address** MGRM ERIC LE GLAS _☑ Add □ Remove AA RUE DES PETITS CARREAUX 75002 PARIS, FRANCE ☐ Add Remove Add Remove ∏ Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **JANUARY 3** 2011 Dated ____ ture of a member or authorized representative of a member OLIVIER ROSE, MGRM Typed or printed name of signee

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Filing Fee: \$25.00