

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140002189413)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

Erom:

Account Name : CORP USA

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (786)409-5946

Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

Email Address:

ELC AMND/RESTATE/CORRECT OR M/MG RESIGN ELG GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilenvr.exe

9/17/2014

CORPUSA

3696889908

12:91 \$102/21/60

$\langle \hat{\mathbf{x}} \rangle$

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H14000018941

ELG GROUP LLC		
(Name of the Limited Liability (A Florida I.	Company as it now sopears on our records. imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L11000009397	npany were filed on <u>1/24/2011</u>	and assigned
This amendment is submitted to amend the following:		ZOIK S
A. If umending name, enter the new name of the limite	ed fjupility company here:	EP 17 KETAR AHASS
The new name must be distinguishable and and with the words "Limit	ed Liability Company," the designation "LLC"	or the abbreviation [L], C."
Enter new principal offices address, if appticable:		27.0
(Principal office address MUST BE A STREET ADDRE	(22)	
		4.5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our records, ss here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida street address		
	, Flor	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and mt as provided for in Chapter 605, P.	l I am familiar with and .S. Or, if this document is
	If Changing Registered Agent, Signature of	New Registered Agent

Page 1 of 3

9696889908 12:91 7102/21/60

If amending the Munagers or Authorized Member on our records, enter the tifle, name, and address of each Munager or Authorized Member being added or removed from our records:

MGR = Munager AMBR = Authorized Member Title Name Address Type of Action **AMBR** 1156 JADE EAST LN ELIANA NUNEZ-DEVERS Add KISSIMMEE, FL 34744 -D Reniove □ Remove □ ∧dd ☐ Remove DbA 🖳 _C Add _D Remove

Page 2 of 3

). ′	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		_	
		-	
		_	
			
3.	Effective date, if other than the date of filing:(optional)		
	(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Flurida (Department of State)		
	Dated 9 (7) 2014		
	Lorando Nuner	_	
	Signature of a member or authorized representative of a member		
	GERARDO NUNEZ		
	Typed or primed name of signer	- TEE 23 + C	\$ * 4 . 1
		经	4
		~ ~ ~	-
		7 NA	, T
			F"
		STATI FLORI	,000

Page 3 of 3

Filing Fee: \$25.00