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B. BOSTICK

(OCT - 6 2011

EXAMINER

COVER LETTER

	ration Section 4			
SUBJECT:	EIL FLORIDA, LLC			
	Name of Limited Liability Company			
The enclosed Ar	rticles of Amendment and fee(s) are submitted for filing.			
Please return all	correspondence concerning this matter to the following:			
	SAMUEL B. REINER, II.			
	Name of Person			
	REINER & REINER, P.A.			
	Firm/Company			
	9100 South Dadeland Blvd., Suite 901 Address			
		TA: C		
) LLAI	11 00	est est
	sbr@reinerslaw.com E-mail address: (to be used for future annual report notification)	LAHASSE	0CT -5	lamana nanana
For further infor	rmation concerning this matter, please call:		P3 1: 0	A TOR
Samuel B	. Reiner, II, Esq. at (305) 670-8282 Name of Person Area Code & Daytime Telephone Number	ORIDA	1:0	
Enclosed is a cho	eck for the following amount:			
\$25.00 Filing	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	te of Statu		sed)
	MAILING ADDRESS: STREET/COURIER ADDRESS: Pagintention Section Pagintention Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EIL FLORIDA, LI (<u>Name of the Limited Liabili</u> (A Florida	LC ty Company as it now app	ears on our records.)
(A Florida	Limited Liability Compan	y)	
The Articles of Organization for this Limited Liability	Company were filed on _	8/17/2011	and assigned
Florida document number _1,11000094653	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lir	mited liability company	<u>here</u> :	
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Con	mpany," the designation	on "LLC" or the abbreviatio
Enter new principal offices address, if applicable:			=
(Principal office address MUST BE A STREET ADD	PRESS)		SE 11
			AR CI
			क्षेत्र क
Enter new mailing address, if applicable:		····	Color Color
(Mailing address MAY BE A POST OFFICE BOX)			- C
			- R
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		n our records, <u>ent</u>	ter the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street	address
		, Florida	
	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 = Managing Member **Title Name Address Type of Action** 13605 SW 149 Ave., UNit #8 Add 🖰 MGR___ Jesus Morales Miami, FL 33196 Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) October 3, 2011 2011 Dated Signature of a member or authorized representative of a member B. Reiner, II.

Typed or printed name of signee Samuel

Page 2 of 2

Filing Fee: \$25.00