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SECRETARY OF STATE

N. Sullipen SEP. 2.2.2000

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

ELINOR RL INTERNATIONAL, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MONICA DIAZ
Name of Person
ELINOR RL INTERNATIONAL, LLC
Firm/Company
951 BRICKELL AVE # 3207
Address
MIAMI, FL 33131
City/State and Zip Code
mdiaz@elinorintl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONICA DIAZ

<sub>at</sub> 786 319-3426

Name of Person

Area Code

Daytime 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) □ \$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

FILED 2014 SEP 18 PH 3: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ELINOR RL INTERNATIONAL, LLC

(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 Liabil Florida document number L12000099149	ity Company were filed	on 08/01/2012	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability comp	oany here:	
The new name must be distinguishable and end with the word	ls "Limited Liability Compa	ny," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	0	ress on our records, <u>e</u>	nter the name of the nev
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
		, Florid	to
-	City	, FJORIU	Zip Code
Naw Degistered Agent's Signature if changing Deg	ictored Agent		

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

MGR = M AMBR = A	lanager uthorized Member		
<u> Citle</u>	<u>Name</u>	Address	Type of Action
MGRM	JAIME COHEN	10773 NW 58TH ST # 6	522 ■ Add
		DORAL, FL 33178	Remove
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			Remove
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effective date must be specific, cannot be p	of filing: (option prior to date of receipt or filed date and cannot be more than 90 days after Department of State)
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e effective date must be specific, cannot be p e date this document is filed by the Florida D	prior to date of receipt or filed date and cannot be more than 90 days after
e effective date must be specific, cannot be p e date this document is filed by the Florida Dated SEPTEMBER 15	prior to date of receipt or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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