

L12000112364

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FEB 18 2013
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J. SAULSBERRY
EXAMINER

FEB 20 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ELLIS GROUP HOLDINGS, 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:

JAMIE LACOURT

Name of Person

ELLIS GROUP HOLDINGS, LLC

Firm/Company

418 ROCKAFELLOW WAY

Address

ORLANDO, FL 32828

City/State and Zip Code

LACOURTINVESTMENTS@GMAIL.COM

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

For further information concerning this matter, please call:

JAMIE LACOURT

Name of Person

407 797-4030

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2013 FEB 18 AM 8:22
TALLAHASSEE, FL
CLERK OF COURT

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ELLIS GROUP HOLDINGS, 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 Liability Company were filed on 08/31/2012 and assigned
Florida document number L12000112364.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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

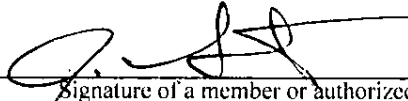
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>JAMIE LACOURT</u>	<u>418 ROCKAFELLOW WAY</u>	<input type="checkbox"/> Add
		<u>ORLANDO, FL 32828</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>JAMIE LACOURT</u>	<u>418 ROCKAFELLOW WAY</u>	<input checked="" type="checkbox"/> Add
		<u>ORLANDO, FL 32828</u>	<input type="checkbox"/> Remove
<u>VP</u>	<u>JAY LACOURT</u>	<u>13368 NW 2ND CT #205</u>	<input type="checkbox"/> Add
		<u>PLANTATION, FL 33325</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>JAY LACOURT</u>	<u>13368 NW 2ND CT #205</u>	<input checked="" type="checkbox"/> Add
		<u>PLANTATION, FL 33328</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA
CLERK OF DISTRICT COURT

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 2/8/2013



Signature of a member or authorized representative of a member

JAMIE LACOURT

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

CLERK OF DISTRICT COURT
JANUARY 18 2013

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