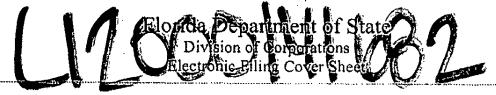
11/17/2016

From Larson Accounting 1.321.888.4919 Thu Nov 17 10:41:20 2016 MST Page 1 of 8 Division of Corporations



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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 Phone

: (407)370-3686

Fax Number

: (407)370-3120

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

support@larsonacc

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELPPA INVESTMENTS LLC

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Help

D. SCOTT NOV 1 8 2016

COVER LETTER

TO:		on Section f Corporations		
SUBJE		A INVESTMENTS LLC		
SUBJE	ÇI; <u></u>	Na	ne of Limited Liability Company	
The enc	losed Articl	es of Amendment and fee() are submitted for filing.	
Please r	eturn all cor	respondence concerning th	s matter to the following:	
		CAROLINE O L	ARSON	
			Name of Person	
		LARSON ACCO	UNTING AND CONSULTING LLC	
			Firm/Company	
		7901 KINGSPOI	YTE PKWY STE 17	
		 	Address	
		ORLANDO, FL	2819	
			City/State and Zip Code	
		support@larsonac		TASE 6
For furti	her informat	E-mail ion concerning this matter,	address: (to be used for future annual report notification) please call:	
CARO	LINE G LAI	RSON	407 3703686 at ()	17 LET
		ame of Person	Area Code Daytime Telephone Nur	nber FLORID
Enclose	d is a check	for the following amount:		
\$25	.00 Filing Fe	ce ☐ \$30.00 Filing F. Certificate of	Status Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee, ficate of Status & fied Copy lonal 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 From Larson Accounting 1.321.888.4919 Thu Nov 17 10:41:20 2016 MST Page 5 of 8

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELPPA INVESTMENTS LLC			
(Name of the Lim	(A Piorida Limited	any as il now appears on our Limility Company)	records.)
The Articles of Organization for this Limited 1	Jability Company	were filed on 11/07/201:	and assigned
Plorida document number L12000141682			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name</u>	of the limited list	tility company berg:	
N/A			
The new name must be distinguishable and contain the	words "Limited Lieb	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	·
Principal office address MUST BR A STRE	BT ADDRESS)		
•		N/A	
Enter new making address, if applicable:		N/A	
Mailing address MAY BR A POST OFFICE	BOX		
		***	<u> </u>
B. If smending the registered agent and	Vor registered o	ffice address on our r	ecords, anter the name of the
egistered agent and/or the pew registered o	ffice address her	œ;	
Name of New Registered Agent:	LARSON AC	COUNTING AND CONSU	UTING LLC
	7001 KINGSP	OINTE PKWY STE 17	
New Registered Office Address:	13VI FURNISH	Enser Florida street	l address
	QRLANDO		Florida 32819
		Ctty	Zip Code

Now 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

Page 1 of 3

Where

SECRETARY OF STATE

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address.	Type of Action
MOR	Estevao Luiz Penna de Avila	2366 CARAVELLE CIR 30	□ Add
		KISSIMMRE, PL 34746	Remove
		·	
			□ Remove
			☐ Change
		,	□ Remove
		•	Change
•			G Add
			☐ Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			6
			TO Change
			Q
			Remove 27
			□ Change

Page 2 of 3

- William

		41:20 2016 MST Page 8 of 8
ti amending any other inform	nation, enter change(s) here: (Alloch additional r	theets, if necessary.)
		
		
		
		<u> </u>
		
- 		
		
	11/15/2016	
Note: If the date inserted in this document's effective date on the deciries a delay. The 90th day after the re-	red effective date, but not an effective time, ecord is filed.	urements, inis date will not be assed as an
Note: If the date inserted in this document's effective date on the record specifies a delay. The 90th day after the re-	block does not meet the applicable statutory filing requirement of State's records. Ted effective date, but not an effective time,	inemants, inis cate will not be listed as al
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Note: If the date inserted in this document's effective date on the record specifies a delay. The 90th day after the report of the record of	block does not meet the applicable statutory filing requirement of State's records. red effective date, but not an effective time, ecord is filed. 2016 2016 Signature of a member or authorized representative of a member of authorized repr	at 12:01 a.m. on the earlier of:
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