## 213000084617

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## COVER LETTER \*\*

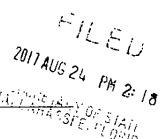
	gistration Sect vision of Corp			
cum in exe.		AGMENT SOLUTIONS LLC	2	
SUBJECT:		Name of Limi	ted Liability Company	
The enclose	d Articles of A	mendment and fee(s) are subt	mitted for filing.	
Please return	n all correspon	dence concerning this matter t	to the following:	
		George S. Savage, Esq.		
			Name of Person	
		The Savage Law Group, P.	A.	
			Firm/Company	
		8603 S. Dixie Highway, St	aite 218	
			Address	
		Miami, FL 33143		
			City/State and Zip Code	<del></del>
		office@savagelaw.net	l de Comment	
		·	o be used for future annual repor	. nouncation)
For further i	nformation co	ncerning this matter, please ca	dl:	
George S. S	Savage		305 577-000 at ()	
	Name of	Person	Area Code Da	sytime 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



ELUH MANAGMENT SOLUTIONS 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 lorida document number <u>L13000084617</u>	Liability Company	were filed on June 12, 201	and assigned
This amendment is submitted to amend the fo	llowing:		
If amending name, enter the new name	of the limited lial	oility company here:	
ELUH MANAGEMENT SOLUTIONS LLC			
he new name must be distinguishable and contain the	words "Limited Liab	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
inter new principal offices address, if appli	icable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		
Inter new mailing address, if applicable:		N/A	
	F ROX)		
<u>Mailing address MAY BE A POST OFFICI</u>	3 10 (0.11)		
<u>Mailing address MAY BE A POST OFFICI</u>	<u> </u>		
Mailing address MAY BE A POST OFFICE  The Amending the registered agent and agent agent.  Name of New Registered Agent:	d/or registered o	office address on our re	cords, enter the name of the
. If amending the registered agent and egistered agent and/or the new registered .  Name of New Registered Agent:	d/or registered o office address her	office address on our re	cords, <u>enter the name of the</u>
. If amending the registered agent and egistered agent and/or the new registered	d/or registered o office address her	office address on our re	
. If amending the registered agent and egistered agent and/or the new registered agent.  Name of New Registered Agent:	d/or registered o office address her	office address on our re	

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

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 = 1	Authorized Member		· L. L.		
<u>Title</u>	<u>Name</u>	Address	2017 AUG 24	PM 2: 18	Type of Action
	N/A 		TATLAHASSEE	OLSTATE FEMILE	
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None.	
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	· C. (Li)pi
	20000
tive date, if other than the date of filing:	une 12, 2013 (optional)
fective date is listed, the date must be specific and can	not be prior to date of filing or more than 90 days after filing.) Pursuant to 60 the applicable statutory filing requirements, this date will not be li-
nent's effective date on the Department of State	
	e, but not an effective time, at 12:01 a.m. on the ear
e 90th day after the record is filed.	
N/A	·
1 WY	iber or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00