## 1300129724

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## **COVER LETTER**

T(	D: Registration Se Division of Cor			. •
e i	Ellen Drive	e LLC		
SU	BJECT:	Name of Lim	ited Liability Company	
Th	ne enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Ple	ease return all correspo	ondence concerning this matter	to the following:	
		David McCarron		
		_	Name of Person	. =
		Ellen Drive LLC		
			Firm/Company	
		1741 Mohcian Trail		
			Address	
		Maitland, FL 32751		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
Fo	r further information o	concerning this matter, please ca	all:	
Da	avid McCarron		407 897-7050	
	Name c	of Person	Area Code Daytime	Telephone Number
En	iclosed is a check for t	he following amount:		
	\$25.06 Filling Fee	🖸 \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting 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

Ellen Drive LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records Liability Company)	_)
The Articles of Organization for this Limited Liability Company	and assigned	
Florida document number L13000129724		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.I.C"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<u> </u>
		UL 2
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		Ti A I
		es a C
		5 0
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del> </del>		rida
	Сіцу	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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	lan McCarron	1741 Mohican Trail	<b>⊟</b> Add
		Maitland, FL 32751	□ Remove
			☐ Change
			Remove
			Change
			- Add
			Add  All Change  Change  Remove
			Add Remove
		\$1011-y	□ Change
			☐ Remove
			☐ Change
	<del></del>		□ Add
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Effective date, if other than the	e date of filing:	or more than 90 days after filing.) Pursuant to 605.0.	207
Note: If the date inserted in this be document's effective date on the l	lock does not meet the applicable statutory f	filing requirements, this date will not be listed	as
dictinent serietive date on die i	repartment of state 3 records.		
ne record specifies a delaye The 90th day after the re		ve time, at 12:01 a.m. on the earlier	αf
	2018		
Datust July 18	2010		
Dated	. 2010		
Dated July 18		din afa manka	
Dated	Signature of a member or authorized representa	itíve of a member	

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Filing Fee: \$25.00