L13000/49/09

(Rec	questor's Name)	
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COVER LETTER

TO:	Registration Section
	Division of Corporations

*

SUBJECT:	Ellist	RIVERA	LLC
		Nama of L	imited Liabili

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:

	Ellist Rivera			
	Name of Person			
	Firm Company			
	4111 South Orange Blossom Trail	· · · · · · · · · · · · · · · · · · ·	2022	• -
	Kissinne Florida 34746			1
	City/State and Zip Code		PH	
_	gsiellistaypho.com			\mathbf{O}
	E-mail address: (to be used for future annual report notification)	L'ALE	11	
10 JU 10 DU	perning this matter place call:			

For further information concerning this matter, please call:

Ellist Riverson at (407) 203-6517 Name of Person Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF	0
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E11) 67 RIVERO UL (Name of the Limited Liability Compa (A Florida Limited L	SC
The Articles of Organization for this Limited Liability Company Florida document number $_L1300149103$.	were filed on $10(23)2013$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u> Elliot Right DUC The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STREET ADDRESS)</u>	4111 South Orarge Blasson Tecil Kissinner Floridg 34746
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	4111 South Orange Blissom Trail Kissinnier Florida 34746
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Desiler of Other Address	دد،

N. D. inter 1001 and dataset			د در.
New Registered Office Address:	Enter Florida street address		
			ro .
	, Flo	rid <u>a 국</u>	Rp Collet
New Registered Agent's Signature, if changing Registered Agent:		ា <u>ក</u> ា ពាហ	<u> </u>
New Registered Agent's Signature, it changing Registered Agent.			. -

I hereby accept the appointment as registered agent and agree to act in this capacity. I further \overrightarrow{ag} ree- \overrightarrow{a} 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 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>	Name	Address	Type of Action
VP	SGODRA RIVERA	1983 Kimlyn Circle Kissimmer 9kride 34758	_ 🖸 Add
		Kissimmer 9 Kride 34758	Remove
			_ IChange
			🗆 Add
			_ []Remove
		<u></u> ;;	□Change
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			🗌 Change

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

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	04/10/2023
	Condes
	Signature of a member or authorized representative of a member
	Ellist Rivera

Typed or printed name of signee