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•	(City/State/Zip/Phone #)					
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,	(Business Entity Name)					
	(Description Allows hear)					
	(Document Number)					
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Registration Section
Division of Corporations

SUBJECT

Ellava, 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:

Steven H. Kane, Esquire

Name of Person

Kane and Koltun, Attorneys at Law

Firm/Company

557 N. Wymore Road, Suite 100

Address

Maitland, FL 32751

City/State and Zip Code

dosborne@kaneandkoltun.com

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

For further information concerning this matter, please call:

Day Osborne-Chapman

407, 661-1177

Name of Person

Area Code

Daytime 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

Ellava, LLC	
(<u>Name of the Limited Liability Co</u>	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on November 6, 2013 and assigned
Florida document number L13000158330	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
4456 Virginia, LLC	
	Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	
	2012
	Ş ⊊ ™
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	THE TOTAL PROPERTY OF THE PROP
•	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the namecof the new
registered agent and/or the new registered office address	nere.
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address
	Florida

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.

City

Zip Code

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
			Add		
			Remove		
			Add		
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D. If amending any other in	nformation, enter change(s) here: (Attach addition	nal sheets, if necessary.)
• • •		
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P. Décading de la contraction de		(autional)
(If an effective date is listed,	han the date of filing: the date must be specific and cannot be more than 90	days after filing.) (605.0207 (3)(b)
Dated January 3	2014	
	Kaisena J. Pulcs	<u>k</u> .
	Signature of a member or authorized representative	e of a member
<del></del>	Typed or printed name of signee	
	Typed of printed fiame of signee	

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Filing Fee: \$25.00

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