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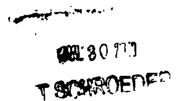
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COVER LETTER

	Registration Sec Division of Corp				
and the	ELON PLA	CE, LLC			
SUBJEC	Г:	Name of Limi	ited Liability Company		
The enclo	osed Articles of a	Amendment and fee(s) are sub	mitted for tiling.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		PAULE SIMONSON			
		DCS MANAGEMENT SER	Name of Person VICES, INC.		
		505 SOUTH FLAGLER DR	Firm/Company IVE, SUITE 900		
		WEST PALM BEACH, FL	Address 33401		
		keeganj@elon.edu	City/State and Zip Coo	ie	
Dan Careta	(£		to be used for future annu	ial report notific	ation)
	. SIMONSON	oncerning this matter, please ca		805-6516	
	Name of	Person	at () _ Area Code		Telephone Number
Enclosed	is a check for th	e following amount:			
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Regist Divisio Cliftor	ET/COURIE ration Section on of Corporat Building Executive Cent	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELON PLACE, LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L14000020500	were filed on <u>02/05/2014</u>	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company "the decimation "LLC" or the	akhragiatian *I. I. C.*			
2066 SOLITH CHILDCH STREET #137					
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	BURLINGTON, NC 27215				
Enter new mailing address, if applicable:	2966 SOUTH CHURCH STREET #137				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	BURLINGTON, NC 27215	•			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>ente</u> <u>e</u> :	r the name of the			
Name of New Registered Agent:	; ;	S UL 23			
		I			
New Registered Office Address:	Enter Florida street address				
	□ □ □ □ □ □ □	00			
	City	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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SCHAR, DWIGHT C		
		505 S. FLAGLER DRIVE, SUITE 900	□ Add
		WEST PALM BEACH FL 33401	■ Remove
			Change
MGR	KEEGAN, JOHN	2966 S. CHURCH STREET #137 BURLINGTON, NC 27215	
			⊟ Add
			□ Remove
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The 90th day after the record	20	19					
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Filing Fee: \$25.00