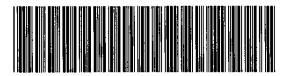
L14000 107674

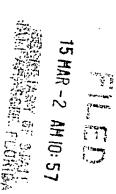
(Re	equestor's Name)	·····
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	isiness Entity Nai	me)
(Do	ocument Number))
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
ì		





500269612715

03/02/15--01021--019 **25.00



1500 MAR 1 6 2015

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ELL COMMUN			
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appea	rs on our records.)	
The Articles of Organization for this Limited L Florida document number L14000107034				and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company he	are;	
The new name must be distinguishable and end with the	words Limited Liab	ility Company, the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:	2112 Cypre	ss Bend South, Ap	t. 202
Principal office address MUST BE A STREE	T ADDRESS)	Pompano B	each, FL 33069	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u>вох)</u>		ss Bend South, Apl each, FL 33069	t. 202
3. If amending the registered agent and/ registered agent and/or the new registered of			our records, enter	the name of the ne
Name of New Registered Agent:	Michael Plo	plis		20 20 5 66 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
New Registered Office Address:	2112 Cypre	ss Bend South	n, Apt. 202 ida street address	2 AH 10:
	Pompano B	each	, Florida <u>3</u> 3	069 5
		City		Ziń.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

MGR = M	lanager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
MGR	Vincent Ploplis	17224 90th Street North	
		Loxahatchee, Florida 33470	园 Remove
			□ Add
			Remove
			☐ Remove
			Remove

<u>, , , , , , , , , , , , , , , , , , , </u>	
effective date must be specific.	the date of filing: (option cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)
fective date, if other than a effective date must be specific, a date this document is filed by that ed February	cannot be prior to date of receipt or filed date and cannot be more than 90 days after
e effective date must be specific, c date this document is filed by the	cannot be prior to date of receipt or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

