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From:

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Account Number : I20150000109
Phone : (561)544-8862
Fax Number : (954)697-0130

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sales@eloenterprises.us

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RANOVA, LLC

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Corporate Filing Menu

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FEB - 2 ZVX3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

RANOVA, LLC			
(Name of the Umited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Fiorida document number <u>L14000138942</u>	were filed on 09/05/2014 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	4700 NW BOCA RATON BLVD		
(Principal office address MUST BE A STREET ADDRESS)	STE 202		
	BOCA RATON, FL 33431		
Enter new mailing address, if applicable:	4700 NW BOCA RATON BLVD		
(Mailing address MAY BE A POST OFFICE BOX)	STE 202		
	BOCA RATON, FL 33431		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new regis		

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 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.

Ciij

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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Actio
MGR	OLIVEIRA JUNIOR, RONALD RO	9848 GRAND VERDE WAY	
		APT 1114	= Remove
		BOCA RATON, FL 33428	
MGR	RAMOS, PAOLA NOVAES	4700 NW BOCA RATON BLVD	EAdd
		STE 202	
		BOCA RATON, FL 33431	_
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N/A		
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ective date, if other than the dat reffective date is listed, the date must be :	e of filing:	(Optional) is after filling) Pursuant to 605 02
<u>te:</u> If the date inserted in this block	locs not meet the applicable statutory filing requirement	ts, this date will not be listed
cument's effective date on the Depar	ment of State's records.	
ecord specifies à delayed effective dat s filed.	e, but not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th day after th
s met.		
ed January, 25th	2023	
ed		
	Paola Novaes Ramos	
Sign	Fools Honder Favoratin 25, 2022 1609 FST; acture of a member or authorized representative of a member	
·	,	
Paola Novaes Ramos - N	1GR	
	Typed or printed name of signee	