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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ELO ENTERPRISES, INC

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.

E Email Address: sales @ elo Interprises. u

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RANOVA, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

If Changing Registered Agent, Signature of New Registered Agent

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RANOVA, LLC			
(Name of the Limited Liability Comp (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 L14000138942	y were filed on 12/31/2023	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab.	flity Company," the designation "LLC" or (ne abbreviation "LL.C."	
Enter new principal offices address, if applicable:	2234 N FEDERAL HWY	· · ·	
(Principal office address MUST BE A STREET ADDRESS)	PMB #505		
	BOCA RATON, FL 33431		
		~ ~	
Enter new mailing address, if applicable:	2234 N FEDERAL HWY		
(Mailing address MAY BE A POST OFFICE BOX)	PMB #505	သ	
· · · · · · · · · · · · · · · · · · ·	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 r	name of the new register	
	, Florida		
	City , 1-101 16.3	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	i.		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I opposed for in Chapter 605, F.S.	nn familiar with and Or, if this document is	

09/15/2023 : 13::45 (FAX) 9::003/004

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
MGR	RAMOS, PAOLA NOVAES	2234 N FEDERAL HWY	
		PMB #505	□Remove
		BOCA RATON, FL 33431	≡ Change
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			□Remove
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TILLY CONTRACTOR		2100	- 2a 18a /:		
/ () Lember Out /// Marky	F	ALLON	INDER		

Typed or printed name of signee