5/16/24, 10:50 AM



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. ** Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELIZABETH A. ELLIOTT PA-C, PLLC

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Help T. LEMIEUX MAY 1 7 2024

COVER LETTER

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CHID FEOT	ELIZABETH	A. ELLIOTT PA-C, PLLC			٠; .	· .:	
SUBJECT:		Name of Limit	ed Liability Compan	y .	, , -	_	
The enclosed	Articles of A	mendment and fee(s) are subm	nitted for filing.	. • •			٠
Please return	all correspond	lence concerning this matter to	the following:			, .	·
		Mike Town		, , ,	·	· .	· · .
			Name of Perso.	n		-	
		Legalzoom.com, Inc.				;	•
			Firm/Company		· .	-	,
		9900 Spectrum Dr	• •		. ! .		* 4 2
	-		Address		····		
		Austin, TX 78717 .					٠.
	•	ellie.elliott@hotmail.com	City/State and Zip	Code			.:
	•	E-mail address: (k	be used for future a	unual report notif	ication)		
For further in	nformation cor	cerning this matter, please cal	l:				
Cheyenne M	foseley		800	773-0888		****	
	Name of F	Person	Area Code	Daytime	Telephone Num	ber	
Enclosed is a	check for the	following amount:	•			•	
□ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55,00 Filing Certified Con radditional copy	ry.	Certif Certif	Filing Fee, icate of Status & ied Copy mal copy is enclosed)	
· ;							
•	 Registrat Division 	iG ADDRESS: ion Section of Corporations	Reg Div	REET/COURI istration Section ision of Corpora	n 🐪 💉	:	· · · · · · · · · · · · · · · · · · ·
P.O. Box 6327 Vallahassee, FL 32314			266	ton Building 1 Executive Cer ahassee, FL 32			
	21 12 1	· .					

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	ny as it now appears on our records.)					
The Articles of Organization for this Limited Liability Company		and assigned				
Florida document number L15000063453						
This amendment is submitted to amend the following:	. , , .					
L If amending name, enter the new name of the limited liab	ollity company here:					
• •	•					
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."				
inter new principal offices address, if applicable:	510 SW 19th SL					
Principal office address MUST BE A STREET ADDRESS)	Ft. Lauderdale, 33315					
						
Enter new mailing address, if applicable:	510 SW 19th St.					
Mailing address MAY BE A POST OFFICE BOX	Ft. Lauderdale, 33315	202				
•		> = 1				
 If amending the registered agent and/or registered of epistered agent and/or the new registered office address her 	· ·	r the name of the new				
CENTER OF SECURITION AND SECURITION SECURITIONS SECURI	7.					
Name of New Registered Agent		TEST ?				
		39				
New Registered Office Address:	Enter Flortda street address	14 -				
	, Florida					
•	Cirv , i iprida _	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 added or removed from our records:

itle	<u>Name</u>		Address	Type of Actio
AMBR	Elizabeth Ellion		·	
				Add
				C Remove
•	<i>,</i>	•	510 SW 19th Street, Fort Lauderdale, Fl 33315.	■ Change
				C Remove
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