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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	*)
(Dc	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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TO: Registration S Division of Co		
ELIPSIS I SUBJECT:	PROPERTIES LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	MARY E DORAK	
	Name of Person	
	COMPUKEEPER INC	
	Firm/Company	
	2298 NW BOCA RATON BLVD STE 20	
	Address	 -
	BOCA RATON, FL 33431	
	City/State and Zip Code MARYMAKESCENTS@GMAIL.COM	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
MARY E DORAK	561 368-7769 at ()	
Name o	of Person Area Code Daytime Telephone Nu	ımber
Enclosed is a check for t	the following amount:	
■ \$25.00 Filing Fee	Certificate of Status Certified Copy Cert fadditional copy is enclosed) Cert	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELIPSIS PROPERTIES LLC		
(Name of the Limi	ited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited 1 Florida document number L15000105762	Liability Company were filed on 06	/17/2015 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company ho	ere:
The new name must be distinguishable and contain the Enter new principal offices address, if appli		lesignation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STRE)	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address on	our records. enter the name of the ne
Name of New Registered Agent:	YOANN DORAT	
New Registered Office Address:	1400 E HILLSBORO BLVD STE	
		rida street address
	DEERFIELD BEACH	Florida 33441 Zip Code
	Cay	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:

MGR = · Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JACQUES HORN	851 NE 69TH STREET	□ Add
		BOCA RATON, FL 33487	■ Remove
			Change
MGR	ROBERT ROBINSON	1400 E HILLSBORO BLVD	■ Add
		DEERFILD BEACH, FL 33441	□ Remove
			Change
 			
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	e must be speci is block does	fic and cannot not meet th	ne applicab	date of filin le statutory	g or more than filing requ	(option 90 days after rements, this	filing.) Pursuan	t to 605. be liste	0207 d as
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Dated		,	17	_ •					
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Filing Fee: \$25.00