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COVER LETTER

Division of Cor	•		
SUBJECT: ECO2015		····	***************************************
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	RABIN GOLD		
		Name of Person	
		Firm/Company	
	5316 NEW UTRECHT A	VENUE	
		Address	
	BROOKLYN, NY 11219		
		City/State and Zip Code	
	DOCUMENTS@TAXPRO		
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
RAMIN TABRIKIAN		718 232-1100 at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
RA A II	INC ADDDESS.	STREET/COURT	FD ADDDFSS

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECO2015 LLC	•	
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our record ed Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compa	nny were filed on 12/22/2015	and assigned
Florida document number L15000211983		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:	
ELITE 26 LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		75
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	35
(Mailing address MAY BE A POST OFFICE BOX)		
		RATE -
B. If amending the registered agent and/or registered	office address on our records	
registered agent and/or the new registered office address l		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addres	zz.
	; E1.	orida
	City	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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
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amending any oth	er information, enter	change(s) here: (Atta	ch additional sheets, if	necessary.)	
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Filing Fee: \$25.00