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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corpo	rations		·
SUBJECT: El-P	td Group F	Florida (2015) III	LLC
		, , ,	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
		Snat yair	
		EL-AC Firm/Company	
		Firm/Company	
	12460 W	C. Atlantic B	lue
	(cral	Spring 5 FC	<u>- 3:507</u>]
	E-mail address: 0	© elad national to be used for future annual report notice	ication)
For further information cond			
		at (<u>954</u>) <u>846</u> Area Code Daytime	-720U
Name of Pe	erson CIT	at (151) 010 Area Code Daytime	Telephone Number
Englosed is a check for the t			ALL!
\$25,00 Filing Fee		□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing FeG 23 Particular of Shirtiste Certificate of Shirtiste Certified Copy (Sericimed) 32 Certified Copy (Sericimed) 32 Certified Copy (Sericimed) 33 Certified Copy (Sericimed) 34 Certified Copy (Sericimed) 35 Certified Copy (Sericimed)
Registrati	G ADDRESS: on Section of Corporations	STREET/COURI Registration Section Division of Corpore	n

Clitton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

El-Ad Group	Florida (2015) III LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I.	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LYDOSHOS</u> .	were filed on _ OQ 18 2016 tand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
El-Ad Florida Cond	OS LLC
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	12460 W. Atlantic Blud
(Principal office address MUST BE A STREET ADDRESS)	Coral Springs Florida 33071
Enter new mailing address, if applicable:	12460 W. Atlantic Blud
(Mailing address MAY BE A POST OFFICE BOX)	Floriola 33071
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	ಭೂ 📑
	Enter Florida street address
	Florida 岩質 見 五
N. B. C. J. S.	City 2ip Code 3
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member Type of Action <u>Address</u> <u>Title</u> Name: _□ Add ☐ Change \square Add ☐ Remove _□ Change □ Add _□ Remove _□ Change □ Remove SECOL LATA SECONAL PARAMETERS OF Change □ Add □ Remove ☐ Change

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<u>ote:</u> Hitho cumentis	e date inserte effective da	d in this block do te on the Departm	es not med ent of Stat	nt the applicat .e's records.	de statuto	ry filing require	ements, this dat	e will not be	listed as
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