

2018-11-26 15:09
11/26/2018

L16000034491
f >> 850-617-6383
Division of Corporations

P 1/4

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000335967 3)))



H180003359673ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.

Email Address: _____

FILED
18 NOV 26 AM 8:52
CLERK OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VERTICAL GARDEN LLC

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

AL

2018 NOV 26 PM 2:35

Electronic Filing Menu

Corporate Filing Menu

Help

2018-11-26 15:01

f 1 >> 850-617-6381
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

P 2/4

VERTICAL GARDEN LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/18/2016 and assigned
Florida document number 1.16000034491

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, Florida _____
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

2018-11-26 15:02

f 1 >> 850-617-6381

P 3/4

At amending authorized persons, 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ARAKI WATANABE, BRUNO YUDY	323 SUNNY ISLES BLVD, STE 708B	☐ Add
		SUNNY ISLES BEACH, FL 33160	☒ Remove
			☐ Change
MGR	HENRIQUE MARTINS MERLIN	323 SUNNY ISLES BLVD, STE 708B	☒ Add
		SUNNY ISLES BEACH, FL 33160	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

18 NOV 26 AM 8:52
RECEIVED
CLERK OF COURTS
HALLANDALE BEACH, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*
N/A

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated NOVEMBER, 15

2018

Signature of member or authorized representative of a member

ADRIANO H. ARAKI WATANABE

Typed or printed name of signer

FILED
18 NOV 26 AM 8:52
TALLAHASSEE, FL 32304
CLERK OF SUPERIOR COURT