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COVER LETTER

TO: Registration Section

Division of Corporations
SUBJECT: ELD Properties LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Margaret K. Wagner Name of Person ELD Properties, LLC Firm/Company
3720 NW 43 rd St, Swite 100
Gaine SVIlle FL 32606 City/State and Zip Code Kriswagner (a) all State, com E-mail address: (by be used for future annual report notification)
For further information concerning this matter, please call:
Margaret Wagner at 352, 375-7511 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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ELD Pro	perties	LLC	SECRE	F11 -1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Name of the Limited)	Liability Company as Florida Limited Liabil	it now appears on ity Company)	our records.)[ALL	AMASSEE, FL
The Articles of Organization for this Limited Liab Florida document numberL16000_1	ility Company wer			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th				
The new name must be distinguishable and contain the word	s "Limited Liability C	ompany," the design	nation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable	le:	NIA		
(Principal office address MUST BE A STREET A	<u> 4DDRESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		NIA		
B. If amending the registered agent and/or regi agent and/or the new registered office address b		ess on our recoi	rds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	Mar	-garet	K. Wa	gner Suite 100
New Registered Office Address:	<u> </u>	Enter Florida s	니 J' 브	-, Swte 100
-	Gaines	SMIle	, Florida	32606 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.

Magaret K Wagner_
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
SIT	Nanette Sullivan	3720 NW 43rd S+ #100) □Add
		Gainesville FL32601	Te Remove
			□ Change
SIT	Margaret Wagner	3720 NW 43rd S+#100 Gainesville, FC 3260	[UAdd
		Gainesville, FC 3260)6 _{□Remove}
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
• • • • • • • • • • • • • • • • • • • •			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	
	
Note: If	date, if other than the date of filing:
e record s rd is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the .
Dated	March 7 2022
	Manager H. Wagner Signature of a wember or authorized representative of a member

Filing Fee: \$25.00