L16000134141

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COVER LETTER

TO: Registratio Division of	a Section Corporations	
SUBJECT:	E.L. 26 Investments UC Name of Limited Liability Company	
The enclosed Article	of Amendment and fee(s) are submitted for filing.	
Please return all corr	spondence concerning this matter to the following:	
	Emil Lavaziel Name of Person	
	EL 26 Investments uc	
	U19 Tamarind Dr. Address	
	Hallandal Boh F1. 33009 City State and Zip Code Emillandzi Q (@ 9 mail. 10 M) E-mail address: (to be used for future annual report notification)	
	E-millahazial @ gmail. (OM) E-mail address: (to be used for future annual report notification)	
For further informati	on concerning this matter, please call:	
Emil Na.	at (305), 92-3/180 Area Code Daytime Telephone Number	
Enclosed is a check t	or the following amount:	
\$25.00 Filing Fe	Certificate of Status Certified Copy (additional copy is enclosed) Copy (additional copy is enclosed) Copy (additional copy is enclosed) Copy (additional copy is enclosed)	

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E.L 26	Investments UC ? F. 1:17	
(<u>Name of the Limited Liability</u> (A Florida)	ty Company as it now appears on our records. Limited Liability Company:	
The Articles of Organization for this Limited Liability Co	ompany were filed on 7/18/16 and	t assigned
Florida document number <u>L16000134141</u>	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the name of the</u>	new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sweet address	
	Florida	
	Cin Zip Co	ode

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being autoor removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address 2 F. 1: 57	Type of Action
Maß	Lily Cohen	419 Tamarind de	1.Add
	_	Halland ale F1. 33009	
			Change
			Add
			Remove
			Change
			'
			Remove
			Change
			
			Change
			Add
			L_Change
			CAdd
			Remove

Signature of a member or authorized representative of a member

Emil Lahavel
Typed or printed name of signee