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# **COVER LETTER**

то:	Registration Section Division of Corporations
SUBJE	CT: ELDAN FLORIDA SERVICES, LLC  Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please 1	eturn all correspondence concerning this matter to the following:
	ELZBIETA GRZEBIELUCH Name of Person
	ELDAN FLORIDA SERVICES, LLC Firm/Company
	GIG TROPICAL WAY
,	FREEPORT, FL, 32439  City/State and Zip Code  Olomelio, 1964, 62 a moil, com
	E-mail address: (to be used for future annihal report notification)
For furt	her information concerning this matter, please call:
ELZ	Name of Person at (850) 687 - 4507  Area Code Daytime Telephone Number
	ed is a check for the following amount:  5.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee,  Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

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

## STREET/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELUAN   LORIDA (Name of the Limited	Liability Company as in	t now appears on	our records.)	<del></del>
<u> </u>	Liability Company as in Florida Limited Liability	y Company)		
The Articles of Organization for this Limited Lia	oility Company were	filed on	-18-201	6 and assigned
Florida document number <u>LUGOON</u> 3	141 <u>0</u>			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability c	ompany here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Cor	npany," the design	nation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			ES S
				12 - 1
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>			三二 星
				- CR - 25
B. If amending the registered agent and/or registered agent and/or the new registered offi		nddress on ou	r records, <u>en</u>	ter the name of the new
Name of New Registered Agent:	ELZBIETA	GRZEBI	ELUCH	SOLE MBR
New Registered Office Address:				
*		Enter Florida s	treet address	
			, Florida	
	$\overline{c}$	ity		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 =	<b>Authorized Member</b>	•

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00