LIMONTABOS

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COVER LETTER

TO:	Registration So Division of Co			
SUR	E.L.J SER	VICES LLC		
50 D		Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		ERICK F. FLORES		
		 	Name of Person	
		E.L.J SERVICES LLC		
			Firm/Company	
		5406 NW 23 AVE		
			Address	
		TAMARAC,FL 33309		
			City/State and Zip Code	
		JORDYGRUIZ@HOTMAI		
			to be used for future annual report noti	neation)
For fu	irther information of	concerning this matter, please co	all:	
ERIC	K F. FLORES		917 912-2344 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclo	sed is a check for the	he following amount:		•
S \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 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

E.L.J SERVICES LLC				
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our a Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability Corida document number L16000179808	Company were filed on	and assigned		
This amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDI	RESS)	5		
		3		
		المرابعة الم		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)		9		
Manning wom ess Mari DD (11 ODT OT 11 OD DOTS)		5 %		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ecords, enter the name of the ne		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida stree	t address		
	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

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
MGR	ERICK F. FLORES	5406 NW 23 AVE	□ Add
		TAMARAC,FL 33309	□ Remove
			■ Change
			Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
		······································	Change
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			Remove
			☐ Change

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Filing Fee: \$25.00