L16000197617

(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration Se Division of Cor			
eno iez	ELO Invest			
SUBJEC	(7 r :		ited Liability Company	
The encl	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Matthew E. Morrall		
			Name of Person	
		Matthew E. Morrall PA		
			Firm/Company	
		2850 N. Andrews Ave.		
			Address	
		Fort Lauderdale, Fl., 3331	I	
			City/State and Zip Code	
		morrall@bellsouth.net		
		E-mail address: (to be used for future annual report noti	fication)
For furth	ner information co	oncerning this matter, please ca	all:	
Matthew	v E. Morrall		954 563-4005 at ()_	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed	I is a check for th	e following amount:		
□ \$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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

-- 223 Mile

ELO Investments, LLC	·
(<u>Name of the Limited Liabilit</u> (A Florida	ity Company as it now appears on our records.) a Limited Etability Company)
he Articles of Organization for this Limited Liability C	Company were filed on 10/26/2016 and assigned
lorida document number <u>L16000197617</u>	
this amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limi	ited liability company here:
ELO Investments 1, LLC	
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDR	RESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new regist
gent and/or the new registered office address here.	
Name of New Registered Agent:	, <u>.</u>
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	CI :
	Florida 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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			□Remove
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rd is filed.	aist 18	7 A Sign	nature of a me		 ized representa	tive of a member		

Filing Fee: \$25.00