

09/25/2023 12:51

(FAX)

P.001/004

9/25/23, 12:32 PM

Division of Corporations

Florida Department of State
Division of Corporations
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Fax Number : (850)617-6383

From:

Account Name : ELO ENTERPRISES, INC
Account Number : I20150000109
Phone : (561)544-8862
Fax Number : (954)697-0130

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sales@eloenterprises.us

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OTB - ON THE BORDER LLC

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Corporate Filing Menu

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

OTB - ON THE BORDER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/15/2016 and assigned
Florida document number L16000227165.

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 "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

11420 NW 122nd Street #700

(Principal office address MUST BE A STREET ADDRESS)

Medley, FL 33178

Enter new mailing address, if applicable:

11420 NW 122nd Street #700

(Mailing address MAY BE A POST OFFICE BOX)

Medley, FL 33178

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MORAES, MARCUS	11420 NW 122nd Street #700	<input type="checkbox"/> Add
		Medley, FL 33178	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CONSTANCIO, LUIS	11420 NW 122nd Street #700	<input type="checkbox"/> Add
		Medley, FL 33178	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 09/25/2023 BY 60321

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

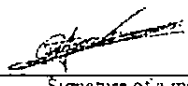
SEP 25 11:41
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E. Effective date, if other than the date of filing: _____ (optional)

(if an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 25th, 2023


 Signature of a member or authorized representative of a member
CONSTANCIO, LUIS - MGR_____
Typed or printed name of signee