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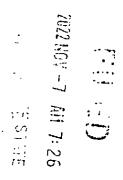
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## **COVER LETTER**

.

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

_	OMES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	NATALIA MURGUETTIC	)	
		Name of Person	
		Firm/Company	
	1450 BRICKELL BAY DI	RIVE APT 1003	
		Address	
	MIAMI, FL., 33131		
	nataliamurgucitio@gmail.co	City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report notif	cation)
For further information of	oncerning this matter, please c	all:	
NATALIA MURGUEIT	Ю	321 2951139 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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		Street Address:	tion
Registration S Division of C		Registration Sec Division of Corp	
P.O. Roy 632	•	The Centre of Te	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELI SUN HOMES 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  $\frac{01/03/2017}{}$ Florida document number 1.17(XXXXX20227 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 \_\_\_

## 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.

City

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	NORTH MANAGEMENT LLC	3105 NW 107th Avenue, Suite 602-A	<b>=</b> Add
		Doral, Fl., 33172	□Remove
			□Change
AMBR	SOFIA MURGUETTIO	3700 East Williams Field Road, Apt. 2051,	□ Add
		Gilbert, AZ., 85295	≣ Remove
			□Change
AMBR	NATALIA MURGUEITIO	1450 BRICKELL BAY DRIVE, APT 1003,	□ Add
		MIAMI, FL., 33131	<b>≡</b> Remove
			Change
			□ Add
			■Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			Пепюче
			□ Change

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