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COVER LETTER

		tration Sec on of Corp					
elib icz		ELLYOTT	PROPERTIES, LLC	•			
SUBJEC	.l: <u> </u>	Name of Limited Liability Company					
The encle	osed A	irticles of A	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn al	l correspon	dence concerning this matter	to the following:			
			MATTHEW J. MONAGH	HAN, ESQ.			
				Name of Person			
			CANTWELL & GOLDMA	AN, P.A.			
Firm/Company							
96 Willard St., Suite 302							
			Cocoa, FL 32922				
				City/State and Zip Code			
			nancyelliott@cfl.rr.com				
			E-mail address; (to be used for future annual report notification)			
For furth	er info	rmation co	ncerning this matter, please co	all:			
Matthew	v J. M	onaghan		321 639-1320 x 107			
		Name of	Person	Area Code Daytime Telephone N	lumber		
Enclosed	l is a cl	heck for the	e following amount:				
■ \$25.6	00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce).00 Filing Fee. retificate of Status & retified Copy ditional copy is enclosed)		
		ng Address stration Se		Street Address: Registration Section			
	_		orporations	Division of Corporations			
	P.O.	Box 6327	, -	The Centre of Tallahassee			
•	Talla	hassee, Fl	L 32314	2415 N. Monroe Street, St	uite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NELLYOTT PROPERTIES, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number L1700001834	were filed on January 25, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbrev	ation "L.L.C."
Enter new principal offices address, if applicable:		- 2
(Principal office address MUST BE A STREET ADDRESS)	5	20 15
Enter new mailing address, if applicable:	A SS	R 23 A
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of	the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	ip Code
New Registered Agent's Signature, if changing Registered Agent:	City	up cour
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am fami rovided for in Chapter 605, F.S. Or, if th	liar with and iis document is

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>	Type of Action
AMBR	EMMA KIRKPATRICK	888 Yorktowne Dr.	■Add
		Rockledge, FL 32955	□Remove
			□Change
			□Add
		·	□Remove
			Change
			□Add
			□Remove
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			□Add
			□Remove
			Change
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			□Add
			Remove
			Change

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fan effe Note: T	e date, if other than the date of filing:
d is file	
Dated _	March 18 2020 Signature of a member or authorized representative of a member
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	1 34cm 7 Cucart
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00