Division of Corporations Electronic Filing Cover Sheet

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10:

Division of Corporations

Fax Number : (850)617-6383

Front:

: ELO ENTERPRISTS, INC Account Name

Account Number : J201500000109

Phone

: (561)544-8862 : (954)697-0130

rux Number

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. **

Email Address:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHEKINAH 3009, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Monu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHEKINAH 3009, LLC			
(Name of the Limit	nd Liability Company us it now apper (A Flerida Limited Liability Company	()	
The Articles of Organization for this Limited Li	ability Company were filed on	03/28/2017	_ and assigned
Florida document number L17000070475	·		
This amendment is submitted to amend the follo	owingi		
A. If amending name, enter the new name of	f the limited liability company	here:	
			20
The new name must be distinguishable and contain the w	ords "Limited Liability Company," th	e designation "LLC" or the abba	eviation "L.L.C."
Enter new principal offices address, if applic		:	AUG
			<u> </u>
(Principal office address MUST BE A STREE	1 <u>ADDRESS)</u>		
			,
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	 ,	•
			<u> </u>
B. If amending the registered agent and registered agent and/or the new registered o	or registered office address	on our records, enter t	ne name of the
Name of New Registered Agent:	ELO ENTERPRISES, INC		
New Registered Office Address:	4700 NW BOCA RATON BL	LVD, STE 202	
New Negliteres Office Foundary.	Enter .	Florida street address	
	BOCA RATON	, Florida <u></u>	31
	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

Page 1 of 3

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> </u>	Name	Address	Type of Action
MGR	GUSTAVO A. S. RODRIGUES	2900 NE 7TH AVE 3009	
		MIAMI, FL - 33173	Remove
			[I] Change
MGR	ISRAEL A. S. RODRIGUES	2900 NE 7TH AVE 3009	Ađd
		MIAMI, FL - 33173	☐ Remove
			Change
			□ Remove
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			□ Add
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			☐ Change
			Ð Add
			□ Remove
			Change

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ve di	nution, enter change(s) here: (Attach ac	dditional sheets, if necessary.)	
N/A	minut, enter (danget) action points		
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Nices I the colour medical III li	the date of filing: e must be specific and cannot be prior to date of till as block does not meet the applicable statuto he Department of State's records.	(optional) ing or more than 90 days after thing.) Porsu ry filing requirements, this date will no	nnt to 605,0207 (3)(t ot bu listed as the
	ayed effective date, but not an effec	ctive time, at 12:01 a.m. on th	e earller of:
Dated AUGUST, 03	2018	•	
77.7	[[]	2	_
	Signature of a member or authorized repre-	sontative of a member	, —

GILBI-R'TO SAMPAIO RODRIGUES

Typed or printed name of alguer

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