## 117000085920

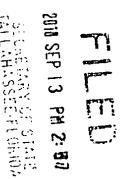
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## **COVER LETTER**

TO: Registration So Division of Cor			
ELYSIAN SUBJECT:	HILLS LLC		
SUBJECT.	Name of Lim	ited Liability Company	<del></del>
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	Lavoryia Timmons		
		Name of Person	
	ELYSIUM HILLS LLC		
	04040 U. d- D-d-D-d-	Firm/Company	
	24940 Hyde Park Blvd		28.
		Address	TO SEP
	Land O' Lakes, FL 3463	9	
	Ihill.geriatrics@gmail.com	City/State and Zip Code	SSEET A
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	<u> ज</u> ुत्त <b>च</b>
Lavoryia Timmons		954 8212599 at ( )	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURIE	CR ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELYSIAN HILLS LLC					
( <u>Name of the Limited Liab</u> (A Flori	ility Compan da Limited Li	y as it now appears on ability Company)	our records.)		
he Articles of Organization for this Limited Liability	Company v	were filed on April 1	8, 2017	and as	signed
orida document number L17000085920	·				
nis amendment is submitted to amend the following:					
If amending name, enter the new name of the lin	mited_liabil	lity company here:			
lysium Hills LLC					
ne new name must be distinguishable and contain the words "Li	imited Liabili	ty Company," the design	nation "LLC" or th	e abbreviation "L	.L.C."
nter new principal offices address, if applicable:		24940 Hyde Park	Blvd		
(Principal office address MUST BE A STREET ADDRESS)		Land O' Lakes, FL	. 34639	2018 TALL	
				SE	
nter new mailing address, if applicable:		24940 Hyde Park	Blvd	ASSEE	Series.
Mailing address MAY BE A POST OFFICE BOX)		Land O' Lakes, FL	. 34639	一開刊 <b>2</b> 日の <b>N</b>	Sam tenera.
					· · · · · ·
				1-1	•
. If amending the registered agent and/or reg egistered agent and/or the new registered office ad Name of New Registered Agent:			ır records, <u>ent</u>	er the name	of the
249	40 Hyde Pa	ark Blvd			
New Registered Office Address: 249	,	Enter Florida s	street address		of the n
Land	d O' Lakes		, Florida	34639	
<del></del> -		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>	Type of Action
MGR	Lavoryia Timmons		<b>5</b>
		<del></del>	Add
			Remove
		24940 Hyde Park Blvd Land O' Lakes FL 34639	Change
		<del></del>	Add
			Remove
			Change
			Remove
			☐ Change
			Add Accident Service
			P 13 Change 243
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		—
Effective date, if other than the date of filing:	(optional)	
f an effective date is listed, the date must be specific and cannot be prior to <b>Note:</b> If the date inserted in this block does not meet the applicable		
document's effective date on the Department of State's records.	or the transfer of the transfe	
e record specifies a delayed effective date, but not	an effective time, at 12:01 a.m. on the e	arlie
The 90th day after the record is filed.		
September 10 2018		
Dated	<u>-</u> ·	
f		
- Land	ized representative of a member	
Signature of a member or author	ized representative of a member	_

Page 3 of 3

Filing Fee: \$25.00