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## **COVER LETTER**

Division	of Corporations
ZAN SUBJECT:	ELLA INTERNATIONAL LLC
	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for tiling.
Please return all co	rrespondence concerning this matter to the following:
	Brian A George
	Name of Person
	Calas Group
	Firm/Company
	2000 Ponce de Leon Blvd.
	Address
	Coral Gables, FL 33134
	City/State and Zip Code
	bgeorge@calas.us
	E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
Brian A George	305 4955222
	Jame of Person Area Code Daytime Telephone Number
Enclosed is a chec	t for the following amount:
■ \$25.00 Filing	Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZANELLA INTERNATIONAL 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 \_\_\_\_\_\_05/22/2017 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new manie must be distinguishable and committee words "Limited End Sty. Company" the designation W.L.C. or the abbraviation W.L.C. 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

## 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 SSST 23 Page 1 of 3

\_\_, Florida \_

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager
AMBR =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Brian George	2000 Ponce de Leon Blvd.	■ Add
		Coral Gables FL 33134	Remove
			Change
			Add
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		<del></del>	□ Change
			Remove
			☐ Change
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			☐ Change
			Add
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n effective date is listed, the dat ote: If the date inserted in the cument's effective date on the record specifies a dela	e must be specific and his block does not m he Department of St	cannot be prior to date of fili eet the applicable statuto tate's records.	ng or more than 90 days after ry filing requirements, this	s date will not be list	ted as the
The 90th day after the					
ted		2017			
		<u> </u>		_	
	Signature of a n	nember or authorized represe	entative of a member		
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	Brian	GCOYOC Typed or printed name of si	enec	- 15 miles	
			<i>G</i>		$\mathbb{D}$
		Page 3 of 3		9: 33 STATE LORID;	

Filing Fee: \$25.00