Division of Corporations

L17000160929

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ELO ENTERPRISES, INC
Account Number : I20150000109
Phone : (561)544-8862
Fax Number : (954)697-0130

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FALL PROPERTIES LLC

Certificate of Status	0
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AUG 18 2017
J. HARRIS

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FALL PROPERTIES, 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 07/27/2017 and assigned Florida document number L17000160929.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

4700 NW BOCA RATON BLVD STE 202
BOCA RATON, FL 33431

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4700 NW BOCA RATON BLVD STE 202
BOCA RATON, FL 33431

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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: ELO ENTERPRISES, INC

New Registered Office Address: 4700 NW BOCA RATON BLVD STE 202
Enter Florida street address

BOCA RATON, Florida 33431
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

Title	Name	Address	Type of Action
AMBR	FLAVIANA V Z AGNELLI	2949 FABLE ST	☐ Add
		KISSIMMEE, FL 34746	☐ Remove
			☐ Change
AMBR	LILIANA BRASIL	2949 FABLE ST	☐ Add
		KISSIMMEE, FL 34746	☐ Remove
			☐ Change
AMBR	LIGIA MARIA ZANINI	2949 FABLE ST	☐ Add
		KISSIMMEE, FL 34746	☐ Remove
			☐ Change
AMBR	AIRI ZANINI	2949 FABLE ST	☐ Add
		KISSIMMEE, FL 34746	☐ Remove
			☐ Change
AMBR	FLAZER HOLDINGS, INC	4700 NW BOCA RATON BLVD	☐ Add
		STE 202	☐ Remove
		BOCA RATON, FL 33431	☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated AUGUST 05 2017

Signature of a member or authorized representative of a member

FLAVIANA AGNELLI

Typed or printed name of signee

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