To: Division of Corporations



Division of Corporations

1/4/2018

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-638<u>5...</u>

From:

Account Name : EPGD ATTORNEYS AT LAW, P.A.

Account Number : 120140000049 : (786)837-6787 Phone

Fax Number : (305)718-0687

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ELSON INVESTMENTS, LLC**

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Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

TO:	Registration Se Division of Cor			
		vestments, LLC		
SUBJE	CT:			
The end	closed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Picase	return all correspo	ondence concerning this matter t	o the following:	
		Eric P. Gros-Dubois		
			Name of Person	
		EPGD Attorneys at Law, P	Α	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		2701 Ponce de Leon bivd.	Suite 202	
			Address	,
		Coral Gables, FL 33134		
		ERIC@EPGDLAW.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For fur	ther information o	concerning this matter, please ca	all:	
Eric P.	Gros-Dubois		786 8376787	
	Name o	of Person	at (me Telephone Number
Enclos	ed is a check for t	he following amount:		
■ \$ 2	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	SSS.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi	LING ADDRESS: tration Section on of Corporations 30x 6327	STREET/COUI Registration Sec Division of Corp Clifton Building	porations

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELSON INVESTMENTS, LLC				
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears (Liability Company)	on our records.)	-	
The Articles of Organization for this Limited Liability Company Florida document number L17000161169	were filed on	8/2017	and a	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	ility company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the des	ignation "LLC" or the	abbreviation '	L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
	<u> </u>			
Enter new mailing address, if applicable:	<u> </u>		; ; ; ; ā	5
(Mailing address MAY BE A POST OFFICE BOX)	_ 		: 27	
				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on re:	our records, ent		e of the new
TORRIGIOS AGOIN DIES OF THE STATE OF THE STA	-		₹.	
Name of New Registered Agent:		·		
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
			ZIP CO	16
New Registered Agent's Signature, if changing Registered Agent				
II I am and a superinterest on registered examt and any	ear to not in this o	anacity I further	APPRE TO CO	mnly with the

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	<u>Name</u>	Address	Type of Action
MGR	YAKOBSON, EVA	2701 Ponce de Leon Blvd.	
		Suite 202, Coral Gables, FL 33134	□ Remove
		<u> </u>	□ Change
		·,	D Add
			Remove
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			Add
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ctive date, if other than the	e date of filing:ust be specific and cannot be prior to date of	of filing or more than 90 days	optional) after filing.) Pursuan	t to 605
e: If the date inserted in this b	block does not meet the applicable sta Department of State's records.	tutory filing requirements	, this date will not	he liste
		• •		
record specifies a delayene 90th day after the re	ed effective date, but not an e cord is filed.	ffective time, at 12:0	01 a.m. on the	earlie
January 4	2018			
	· / / ~			
	Signature of a member or authorized re	presentative of a member		
	Signature of a member of authorized re	A CHEMINAL OF IT WILLIAM		

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Filing Fee: \$25.00