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COVER LETTER

SUBJECT:	ELF& ELF	LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of .	Amendment and fec(s) are sub	mitted for filing.	
Please returi	ı all correspo	ndence concerning this matter	to the following:	
		Gary Bloome		
			Name of Person	
		Gary Bloome PA		
			Firm/Company	
		9148 Glades Road		Daytime Telephone Number See & S60.00 Filing Fee, Certificate of Status & Certified Copy
			Address	
		Boca Raton, FL 33434		
		gbloome@prodigy.net	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For further in	nformation co	oncerning this matter, please ca	all:	
Gary Bloom			561 477-8099 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

(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 ______ and assigned Florida document number _____L17000184610 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

iew Registered Agent's Signature, if changing Registered Agent:

ELI & ELI LLC

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany has been notified in writing of this change.

City

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 on removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Eliana Marin MGRM		3782 NW 85th Ter	
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		Pembroke Pines, FL 33024	
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	ock does not meet the a	applicable statutor	ng or more than 90 days at y filing requirements, t	ter filing.) Pursuant to 605.6 his date will not be listed	0207 (3 d as th
he record specifies a delayed The 90th day after the rec		ut not an effec	tive time, at 12:01	. a.m. on the earlie	r of:
Dated November 12,	2019				
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	Signature of a member of	rautherized represe	ntative of a member	•	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00