117000188033

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COVER LETTER

TO:		Registration Section Division of Corporations							
SUBJE	CCT:	FDICK E	ELLIOTT GROU ted Liability Company	PLLC					
		1	company						
The en	closed Articles of An	nendment and fee(s) are subr	nitted for filing.						
Please	return all correspond	ence concerning this matter t	o the following:						
		ERI	(4 Elliot						
			Name of Person						
			Firm/Company						
		201 S. NARCIS	sis Avc # 704						
			Address		ZO I SAUA ILA ILA ILA ILA ILA ILA ILA ILA ILA IL	7			
		FLURIN	SPACH FL 35401 City/State and Zip Code MMUMCPA P YANOO o be used for future annual report notifica	.com	26 884 884				
For fur		cerning this matter, please ca		tion)	PM 12: 44 OF STATE C. FLORIDA	C			
	ERI(A	Elliott	a ₁ (561 ₎ 598-9	373					
	Name of Po	erson		elephone Number					
Enclose	ed is a check for the t	following amount:							
\$2:	5.00 Filing Fee	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C		e of Status &					
		G ADDRESS: on Section	STREET/COURIER Registration Section	ADDRESS:					

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDKK = ELLI	OTT GROUP LLC					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000188033</u> This amendment is submitted to amend the following:	were filed on 9/1/2017 and assigned					
A. If amending name, enter the new name of the limited liabi						
ERICA ELLIOTT GROP L The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	aust Palm Brach fl 33401					
(Principal office address MUST BE A STREET ADDRESS)	West Palm Brach IL 33401					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	WOH Palm Brach FL 33401					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address on our records, enter the name of the new					
Name of New Registered Agent:	(n)					
New Registered Office Address:						
	Enter Florida street address Florida					
	City STIP 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>	Name	<u>Address</u>	Type of Action
AMBR	EDICK JOCALN	841 BHONWOOD Rd.	
		N. Palm Brach fl 33408	Remove
			Change
AMBIR	Put, Shannon	1324 Pulaski St. #A207	Add
		Columbia SC 29201	Remove
			Change
<u></u>			Add
			☐ Remove
			Change
			dd dd North Company
			26 Penange 12: 12: 13: 13: 13: 13: 13: 13: 13: 13: 13: 13
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Note: If the	ate, if other than date is listed, the date date inserted in thi effective date on th	s block does n	ot meet the	applicable st	01 11111 <u>5</u> 01 1110	re than 90 days			
	specifies a dela n day after the	record is file	ed.			me, at 12:0)1 a.m. o	n the earli	er of:
Dated	11/23		301	8 WW	l —				
_		Signature (1 a member	or authorized r	epresentative (f a member			
		60		7/10/1					

Page 3 of 3

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