## Fiorida Department of State Division of Corporations Electronic Eding Cover: Sheet

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To:		
	Division of Corporations	
	Fax Number : (850)617-6383	
From:		
	Account Name : WESTON CORPORATE ADMINISTRATION, LLC	
	Account number : 120090000072	
	Phone : (954)356-2905	
	Fax Number : (954)337-8346	
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Electronic Filing Menu

Corporate Filing Menu

Help

\$25.00

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Estimated Charge

## (H170002701173) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ELIJIAN REAL ESTATE INVESTMÊNTS LLC (Name of the Limited Liability Company as it now secents on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/05/2017 and assigned Florida document number L17000206358 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ELIGIAN REAL ESTATE INVESTMENTS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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-Q. Name of New Registered Agent: New Registered Office Address: Enter Florida street address

Now 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

MGR = Manager AMBR = Authorized Member

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