

W 702023408
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000043822 3))



H200000438223ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
 2020 FEB -7 AM 10:07
 SECRETARY OF STATE
 TALLAHASSEE, FL

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

 From: Account Name : NICI LAW FIRM, P.L.
 Account Number : I20110000008
 Phone : (239) 449-6150
 Fax Number : (877) 646-0560

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 ELMER FAMILY ENTERPRISES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

O SIMMONS

FEB 10 2020

2020 Feb 3 - 1 AM 10:07

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Elmer Family Enterprises, 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 October 27, 2017 and assigned
Florida document number L17000223408.

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."

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

FILED
 2020 FEB - 7 AM 10:07
 SECRETARY OF STATE
 TALLAHASSEE, FL

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Paul J. Elmer	6137 Pasadena Point Blvd.S.	<input type="checkbox"/> Add
		Gulfport, FL 33707	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Elizabeth A. Prokopik	800 Sugarbush Ridge	<input checked="" type="checkbox"/> Add
		Zionsville, IN 46077	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carol A. Novotny-Elmer	6137 Pasadena Point Blvd.S.	<input checked="" type="checkbox"/> Add
		Gulfport, FL 33707	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 FEB 7 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

2020 FEB - 7 AM 10:07
SECRETARY OF STATE
MAIL ROOM SEE FL

U
m
11
10-10-73
10-10-73

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 February 5th, 2020

[Signature]

Signature of a member or authorized representative of a member

ELIZABETH ANN RZOKORIK

Typed or printed name of signee

Filing Fee: \$25.00