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(Re	equestor's Name)	
(Ād	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP WAIT MAIL (Business Entity Name)	MAIL	
(BL	siness Entity Nar	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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S. WARREN DEC 2 6 2017

COVER LETTER 1

TO: Registration Section Corporations
SUBJECT: ELK Empire 11 LLC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joseph L. Kahn Name of Person
ELK Empire 11, LCC Firm/Company
5489 Wels Road 8-4 304
Coconal Cack FC 33073 City State and Zip Code
E-mail address. (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 332-3111 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2061 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO · ARTICLES OF ORGANIZATION OF

ELK Empire	11,660		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	<u>(pany^sas it now appears o</u> ad Liability Company)	on our records.	
The Articles of Organization for this Limited Liability Compar Florida document number <u>4170002342</u> .7		1//13/2017 and assigned	
This amendment is submitted to amend the following:	,		
-			
A. If amending name, enter the new name of the limited lis	ability company here	.i	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the desi	gnation "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 registered agent and/or the new registered office address he Name of New Registered Agent:	office address on o	ur records, enter the name of the ne	<u>: 11</u>
New Registered Office Address:			
New Registered Office Address.	Enter Florida	Street address	
		. Florida	
-	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my s provided for in Cha ve address, I hereby o	eduties, and I am familiar with and upter 605, F.S. Or, if this document is confirm that the limited liability	' 4 '
H*Ch	anging Registered Agent	Signature of New Registered Ment	
Page	: 1 of 3	FH 2:	

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 Name Address Type of Action Desare Kohn-Laski 5489 Wills Rad BANK MGR 5_4 306 □ Remove Cocart Creek Fe 33023 - Change _____ 🗆 ____ 🔲 Change _____ 🗆 🖂 Add _____ 🔲 Change ☐ Remove Control Remove

____ 🗀 Change

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Filing Fee: \$25.00