## L17000234277

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Nequestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Addiess)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number)  Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	, ,
Certified Copies Certificates of Status	(Document Number)
	(Coouncitation)
	Codified Copies
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:

Office Use Only



100356211671

12/09/20--01007--003 \*\*23.00

FILED 2020 DEC -9 PM 14: 26

1/21/21 SH

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
ELK EMPI		*	
SUBJECT:	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JOSEPH L KOHN		
		Name of Person	
		Firm/Company	
	10196 SWEET BAY COU	RT	
		Address	
	PARKLAND, FL 33076		
		City/State and Zip Code	
	JLK1354@GMAIL.COM		
Par Comban in Formantian		to be used for future annual report	notification)
	oncerning this matter, please ca		
JOSEPH KOHN		954 270-1000 at (	
Name o	r Person	Area Code Daj	stime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address Registration	
Registration Section Division of Corporations			Corporations
P.O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELK EMPIRE II LLC				
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears on our re- hability Company)	cords.)	
The Articles of Organization for this Limited Liab lorida document number 1.17000234277	ility Company	were filed on 11/13/2017	and assign	ned
his amendment is submitted to amend the follow	ing:			
. If amending name, enter the new name of the	<u>ie limited liab</u>	ility company here:		
			at terms of the last word to	
he new name must be distinguishable and contain the word inter new principal offices address, if applicab		10196 SWEET BAY COU		
Principal office address MUST BE A STREET ADDRESS)		PARKLAND, FL 33076		
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BO  If amending the registered agent and/or registered and/or the new registered office address.  Name of New Registered Agent:	istered office :	10196 SWEET BAY COUPARKLAND, FL 33076 address on our records, er	9 [	T]
Name of New Registered Agent:				
New Registered Office Address:	10196 SWEET	BAY COURT  Enter Florida street ac	ddress	
	PARKLAND		. Florida <u>33076</u>	
		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

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>	Address	Type of Action
MGR	DESARE KOHN-LASKI	11880 NW 81ST COURT	□Add
		PARKLAND, FL 33076	■Remove
			□ Change
			□Add
			□Remove
			Change
			□Remove
			□ Change
			□Add
		<del></del>	□Remove
			□Change
			□ Remove

	<del></del>		· <del>_</del>	<u></u> -	
			<del>-</del>		
			<u>.</u> ,		
			· ·	_	
<u> </u>					
	,,,,,	-			_
			<u></u>		
,				2020	
				0EC	
-			<u>.</u>		=
					Π <del></del>
	<u></u>			- <u> </u>	<del></del>
				<u> </u>	
					<u>_</u>
ective date, if other than the deflective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep	ne specific and cannot be pr ick does not meet the app	ior to date of filing licable statutory	or more than 90 days aft	tional) er tiling.) Pursuant to his date will not be	605.02 listed
cord specifies a delayed effective s filed.	date, but not an effective	e time, at 12:01 a	.m. on the earlier of: (	(b) The 90th day (	ifter tl
ed	. 2020	<u> </u>			
					_
	ignature of a member or at	thursand romacont	uive of a member		_