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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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T. MATTHEW.S

COVER LETTER

| TO: Registration Se Division of Corp | | į | |
|---|---|---|---|
| SUBJECT: | Elaine Snow Z | herg, LC | Mag. |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of . | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Elaine | 2herg Name of Person | |
| | Elaine | Show 2hers L | <u>'L</u> |
| | 2422 Addah | A A Ly Address | |
| | Orlando. F | L 32804 City/State and Zip Code | |
| | E-mail address: | @ gmail . com to be used for future annual report | notification) |
| For further information ed | oncerning this matter, please c | all: | |
| Eai w Name of | Zherson Person | at (<u>40</u>) <u>4</u> Day | etime Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| \$25,00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed |
| Mailing Addres | s: | Street Address | <u>c</u> |

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

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Elane Si | now theng LLC | 277 · 1 |
|---|---|--|
| (Name of the Limited Liah (A Flor | pility Company as it now appear ida Limited Liability Company) | rs on our records.) |
| The Articles of Organization for this Limited Liability Florida document number | Company were filed on | January 19, 208 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the li | mited liability company h | <u>ere</u> : |
| The new name must be distinguishable and contain the words "L | imited Liability Company," the o | designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADI | DRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | | ecords, enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Fla | rida strvet address |
| | | . Florida |
| | Ciņ | 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> | Name | Address | Type of Action |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)