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DIVISION OF CORPORATIONS

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COVER LETTER

Division of Corporations
SUBJECT: ELP FINE ARTS, LLC
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:
EMILIO L. POLJANEC Name of Person
ELP FINE ARTS, LLC Firm/Company
1210 MARSEILLE DR APT # 5 W
MIAMI BEACH, FL 33141 City/State and Zip Code POLJANECEMILIO DOS GMAIL. COM E-mail address: (to be used for future annual report notification)
POLJANECEMILIO DOS EMAIL.COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
EMILIO L. POLJANEC at (786) 468 - 3995 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$55.00 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
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	E ARTS, LLC				
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)				
The Articles of Organization for this Limited Liabilit	, ,	2018 and assigned			
This amendment is submitted to amend the following	g:				
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.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AL	ODRESS)	Sion			
		- 97 - 78 - 78			
Enter new mailing address, if applicable:		Y OF S ORPOR			
(Mailing address MAY BE A POST OFFICE BOX	9	ATIC			
	-	8			
B. If amending the registered agent and/or registered agent and/or the new registered office a		n <u>ter the name of the new</u>			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
_	, Florid	aZip Code			
	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 1210 MARSEILLE DR APT 5W Title Name EMILIO L. POLJANEC MIAMI BEACH, FL 33141 ☐ Remove Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add □ Remove _□ Change _□ Add ☐ Remove ☐ Change _□ Add ☐ Remove

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fective date is listed. If the date insert	er than the date of file, the date must be specific and in this block does not ate on the Department of	and cannot be prior of meet the applic	able statutory fi	r more than 9	(optional 0 days after filin ments, this dat	g.) Pursuant to 60:
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Filing Fee: \$25.00