L18000108268

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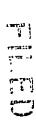


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2024 OCT -4 PH 4: 34 SECRETARY OF STATE



COVER LETTER

	ation Section n of Corporations	
SUBJECT:	Elluminate ?ce	sents LLC ited Liability Company
The enclosed Art	ticles of Amendment and fee(s) are sub	mitted for filing.
Please return all	correspondence concerning this matter	to the following:
	•	Name of Person A Present LLC
		te Presents LLC Firm/Company
	400 Sybelia	Perry Unit 433
	maithand	FL 32751 City/State and Zip Code
	E-mail address: (utvan Egmail. com so be used for future annual report notification)
For further infor	mation concerning this matter, please ca	all:
Con	Name of Person	at (303) 960-7612 Area Code Daytime Telephone Number
	eck for the following amount:	
\$ \$25.00 Filing	g Fee	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist	<u>Address:</u> ration Section on of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elluminate Pr (Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) sed Liability Company)
The Articles of Organization for this Limited Liability Compared Florida document number $\perp 18000109269$	any were filed on April 30, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	
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 officagent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	Kristin Turner
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Age	,
provisions of all statutes relative to the proper and comple	agree to act in this capacity. I further agree to comply with the ete performance of my duties, and I am familiar with and as provided for in Chapter 605. F.S. Or, if this document is fice address. I hereby confirm that the limited liability hanging Registered Agent. Signature of New Registered Agent.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Cory N. Beltran	400 Sybelia Perry, Voit 43:	} ⊡Add
		Mai Hand, FL 32751	
		United States	□Change
AMBR	Kristin Turner	United States 400 Sybelia Pkuy, Unit	133 Add
		Maitland, FL 32751 United States	□Remove
		United States	□Change
			□Add
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If an effecti Note: If t	date, if other than ive date is listed, the date the date inserted in the tate on the date date on the date of the	e must be specific : his block does no	and cannot be proof meet the app	or to date of filing			ing.) Pursu		
e record sp rd is filed.	pecifies a delayed effo	ective date, but r	not an effective	e time, at 12:01	a.m. on the earl	ier of: (b) (The 90th	day afte	er the
	Søptember	29	202	4.			LLAHA	2024 OCT -4	E-Report B-ARLS B-ARLS
Dated		_		1 1			(0 - 5		•
Dated		Ca	W.B	ella ithorized represen	itative of a memb	er	ASSEE,	PM 4: 33	