L18000150556

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Name)	
(Do	cument Number)	
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Certified Copies	_ Certificates of	Status
Special Instructions to	Cilian Officer	
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cou			
	wood Lane, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
	ondence concerning this matter t		
	Denise Tyler		
		Name of Person	
	Cardillo, Keith & Bonaquis	it, P.A.	
		Firm/Company	
	3550 Tamiami Trail E.		
		Address	
	Naples, FL 34112		
		City/State and Zip Code	
	CarlHGrimm@gmail.com		attination)
For further information	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report n	ourcason)
Carl Grimm		302 249-7748	
Name	of Person	at () Area Code Dayı	ime Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addi Registration Division of P.O. Box 6	n Section Corporations		Section Corporations of Tallahassee
	e, FL 32314	2415 N. Mor	rroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

143 Amblewood Lane, LLC			 _
(Name of the Limite	d Liability Company as it nov A Florida Limited Liability Cor	v appears on our records.) mpany)	
ne Articles of Organization for this Limited Listorida document number L18000150886	ability Company were filed	d on <u>6/19/2018</u>	and assigned
is amendment is submitted to amend the follo	owing:		
If amending name, enter the new name of	the limited liability com	pany here:	
elpan Ventures, LLC			-hhaviation "L.I.C."
elpan Ventures, LLC ne new name must be distinguishable and contain the w	ords "Limited Liability Compar	ny," the designation "LLC" or the	approviation L.L.C.
Principal office address MUST BE A STREE	T ADDRESS)		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
3. If amending the registered agent and/or agent and/or the new registered office addre	registered office address o	on our records, enter the n	ame of the new regist
Name of New Registered Agent:	Denise Tyler, Esq. / Care	dillo, Keith & Bonaquist, P.A.	:
New Registered Office Address:	3550 Tamiami Trail E.		
		Enter Florida street address	<u> </u>
	Naples	, Florida	34112
	City		Zip <u>Co</u> de

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
			□Add
			□Remove
			Change
			🖸 Add
			□Remove
			□ Change
			🗖 Add
			□Remove
			□Change
		□Add	
		Remove	
			Change
			□Add
		□Remove	
			□Add
		□Remove	
			□Change

If amer	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ord is fi	
Date	2/19/21
Dated	2/19/21 Caret Game Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00