## L180002297ZZ

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## **COVER LETTER**

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			Amendment and fee(s) are sub						
Please re	eturn	all correspoi	ndence concerning this matter	to the following	g:				
			Ivan Elashkin						
				Name of	Person	n			<del></del>
			ILPA HOLDINGS LLC						
				Firm/Cor	npany	···································		-	
			20200 WEST DIXIE HIG	HWAY SUITE	902				
				Addre	388			<del></del>	<del></del>
			AVENTURA, FL 33180						
				City/State and	l Zip (	Code			
			octocomtl@gmail.com				·,•-		
			f;-mail address: (		ture a	nnual report no	ilication)		
For furth	her ir	nformation co	oncerning this matter, please c	all:					
Dennis	M. E	Ballard, Esq.		407 at (	7	913-3811			
		Name of	Person	Area	Code	: Daytii	ne Teleph	one Nun	aber
Enclose	d is :	check for th	e following amount:						
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		Hahassee, I			24	15 N. Monr	be Stree	t. Suit	te 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

501 NORTH, L.L.C.

(Name of the Lim	ted Liability Company as it now (A Florida Limited Liability Com	appears on our records.) upany)				
The Articles of Organization for this Limited I Florida document number <u>L18000228722</u>	iability Company were filed	on 9/26/2018	and assigned			
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liability compa	any here:				
The new name must be distinguishable and contain the	words "Limited Liability Company	"the designation "L1.C" or	r the abbreviation "L.L.C."			
Enter new principal offices address, if appli	cable:					
(Principal office address MUST BE A STRE.	ET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>					
B. If amending the registered agent and/or agent and/or the new registered office addr		i our records, <u>enter th</u>	e name of the new regist			
Name of New Registered Agent:	20200 West Dixic Highwa	av Suite 902				
New Registered Office Address:	<del>_</del>	Enter Florida street address				
	1.21					
	Aventura		da 33180			

## 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	2 Type of Action
MGR	Ivan Elaskin	20200 West Dixie Highway	□Add
		Suite 902	
		Aventura, FL 33180	_
			Remove
			□Change
			Add
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ffective date, if other than the date of filing:		<del></del>	·— <del></del>					۷ .	•
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Filing Fee: \$25.00