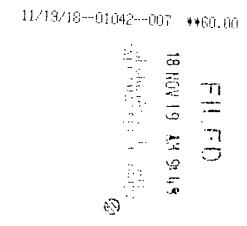
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COVER LETTER

TO:

	egistråtion Sect ivision of Corpe			
		EMAN LLC		
SUBJECT	`: <u></u>	Name of Limit	ed Liability Company	
The enclos	ed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please retu	rn all correspon	dence concerning this matter to	o the following:	
	•	RACHAEL D. COLEMA	И	
		E L COLEMAN LLC	Name of Person	
		3732 SW 94TH PLACE	Firm/Company	
		LAKE BUTLER, FLORID	Address A 32054	
		ELCOLEMANELC@YAH		
or further	r information co	E-mail address: (t neerning this matter, please ca	o be used for future annual report noti H:	
RACHAE	EL D. COLEMA	N	352 872-6752	
	Name of	Person	at () Area Code Daytim	ne Telephone Number
Enclosed i	s a check for the	e following amount:		
□ \$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
		NG ADDRESS: tion Section	STREET/COUR Registration Section	

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E L COLEMAN LLC		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
he Articles of Organization for this Limited I	iability Company were filed on	10/22/18 and assigned
orida document number 1.18000247417	·	
his amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name	of the limited liability company	here:
he new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		26 E TI
		2 6
nter new mailing address, if applicable:		
tailing address MAY BE A POST OFFICE		भूदि <u>।</u>
		هر الم
		<u> </u>
. If amending the registered agent and egistered agent and/or the new registered of		on our records, enter the name of the ne
Name of New Registered Agent:	RACHAEL D. COLEMAN	
New Registered Office Address:	3732 SW 94TH PLACE	
	Enter i	Florida street address
	LAKE BUTLER	, Florida 32054
	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.

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	Type of Action
MGR	EARNEST L. COLEMAN	3732 SW 94TH PLACE LAKE BUTLER, FL 32054	⊒ Add
			□ Remove
			Change
MGR	RACHAEL D. COLEMAN	3732 SW 94TH PLACE LAEK BUTLER, FL 32054	
			□ Remove
			Change
			□ Remóve
			□ Add
			Remove
			Change
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ffective date, if other than the date of filing:		(optio	onal)		เลส กวก
an effective date is listed, the date must be specific and cannot be protection. If the date inserted in this block does not meet the app	licable statutory film	nore man 50 days after ng requirements, this	s date will	not be l	isted a
ocument's effective date on the Department of State's record	ds.				
e record specifies a delayed effective date, but i	not an effective	time. at 12:01 a	a.m. on t	he ea	rlier c
The 90th day after the record is filed.		•			
NOVEMBER 6TH 2018					
lated November of 1	<u> </u>				
1/1/2010 1/1/2	10 man				
Signature of a member or au	uborized corresentative	e of a member			

Page 3 of 3

Filing Fee: \$25.00