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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EI Sales 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:
Paul W RavinoFF Name of Person
and the second s
EI Scks LCC Firm/Company
4651 Mimosa Terrace # 1211 Address
Cocon L Creek, t-1 we 32073 City/State and Zip Code PWR 2300 C Gol. (OM E-mail address: (to be used for future annual report notification)
PWR2307@Gol. (OM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PC41 W. Raw of Person at 407, 376-4468 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Felephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

FILED

_				
E I Sa	ies LLC	2019 FEB -	-6 AMH: 49	
		w appears on our records.)	- 111111111111111111111111111111111111	
	(A I Wilde Diffice District)	TALLA	LELESTATE	
(Name of the Limithe Articles of Organization for this Limited I	iability Company were filed	Ion Juruary 16,201	and assigned	
Florida document number 1900013313	·			
This amendment is submitted to amend the fol				
A. If amending name, enter the new name of	of the limited hability com	pany nere:		
The new name must be distinguishable and contain the	1 ml total fielding Common	" the decignation "LLC" of the	abbreviation "L. I. C."	
The new name must be distinguishable and contain the	words "Limited Liability Compar	iv. the designation time of the a	above radion 15.17.c.	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
			<u> </u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	E ROX)			
maning duaress mail BE A LOST OF LICE				
B. If amending the registered agent and	t/or registered office add	ress on our records, ente	r the name of the r	
registered agent and/or the new registered (office address here:			
Name of New Registered Agent:				
N. D. Carlet (NET e. Address)				
New Registered Office Address:		Enter Florida street address		
		Florida		
	City	, i londa _	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
THE THE PROPERTY OF THE PROPER		to the amount of the Landborn		

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>	<u>Address</u>	Type of Action
AMBIR	Paul W Painaff	4651 Mimosa 725 #1211 Ca	ent Creek FL 23073
			☐ Remove
			Change
			Add
			□ Remove
			Change
			
			□ Remove
			☐ Change
			Add
			□ Remove
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			☐ Change

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Note:	tive date, if other than the date of filing:
he re Th	ecord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of e $90th$ day after the record is filed.
Date	1 January 29.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00