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(Requestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Elephant Food 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:
Lina Zulvaga Name of Person
Elephant Food LLC Firm/Company
117 48 SW 254 ST Address
Homestead, FL, 33032 City/State and Zip Code lina zuluage 870 gm ail. com E-mail address? (to be used for fadure annual report notification)
For further information concerning this matter, please call:
Lina Zuluaga at (1), 786 991 7589 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$ Certificate of Status \$\Bigcup \text{\$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

Elephant to	, –			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now a imited Liability Comp	appears on our record pany)	<u>is.</u>)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 1900023606</u>		on <u>Jan 22,</u>	7019	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability compa	nv here:		
The new name must be distinguishable and contain the words "Limite	d Liability Company,	" the designation "LLC	or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>			
Enter new mailing address, if applicable:			SECRETA TOPE	2019 JUN 2
(Mailing address MAY BE A POST OFFICE BOX)			्ञ १९	6 I
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office addres <u>ss here</u> :	ss on our record:	s, enter the	name of the ne
Name of New Registered Agent:				
New Registered Office Address:	Ente	er Florida street addres	is	
		, Flo	orida _	
	City			p Code
New Registered Agent's Signature, if changing Registered A	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 or removed	g Authorized Person(s) authorized to n from our records:	nanage, enter the title, name, and address of each	person being added
MGR = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lina Zulvaga	11748 SW 254 ST	
		Homestead, FL, 33032	⊠ Remove
			Change
MOR	Anthony Zuluaga	11748 SW 254 ST Homestead, FL, 33032	🗅 Add
	-	Homestead, FL, 33032	≯ ⊠ Remove
		<u> </u>	Change
			Add
		.	□ Remove
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If an effective Note: If the	ate, if other the date is listed, the d date inserted in effective date on	late must be spec this block doe	ific and car s not meet	t the applical	o date of filing ble statutory	or more than 9 filing require	(option: D days after fili ments, this da	ing.) Pursuant to	605.0207 (listed as t
		elayed effec	tive date filed.	e, but not	an effectiv	ve time, at	12:01 a.m	n, on the ea	ırlier of:
ne record The 90th	specifies a de 1 day after th	ic record is							
The 90th	i day after th			2019	_ •				
ne record The 90th Dated	i day after th	24 1\(\alpha\) Signatur	 .uu	2019 Rija	_ •				

Page 3 of 3

Filing Fee: \$25.00