## L19000038COO

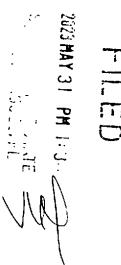
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## **COVER LETTER**

	gistration Se vision of Cor			
CHRICT.		SINTERNATIONAL LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		MARIENILDA PIERLUIS	SSI	
			Name of Person	<del></del>
		MPE CONSULTING, CO	RP	
			Firm/Company	
		2700 GLADES CIRCLE S	TE 127	
			Address	<del></del>
		WESTON, FL 33327		
		<del></del>	City/State and Zip Code	
		maryp@mpeconsulting.net		<del></del>
			to be used for future annual report notification	n)
For further i	nformation co	oncerning this matter, please co	all:	
MARIENIL	.DA PIERLU	ISSI	754 2164105 at ( )	
	Name o	f Person		phone Number
Enclosed is	a check for th	ne following amount:		
<b>\$25.00</b>	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	illing Addres		Street Address: Registration Section	
Di	vision of C	orporations	Division of Corporat	tions
	D. Box 632 Hahassee, F		The Centre of Tallah 2415 N. Monroe Str	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOLUKAS INTERNATIONAL LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our rec ed Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compa Florida document number L19000038000	ny were filed on 02/06/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
ELKANOS INTERNATIONAL, LLC		
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		202
	-	TAY TI
F-4		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		- <u></u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>en</u>	ter the name of the new registered
agent and/or the new registered office address here.		
N. EN B. T. LA		
Name of New Registered Agent:	**	
New Registered Office Address:		
	Enter Florida street address , Florida City Zip Code	
	Ciţi	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent and a	gree to act in this capacity.	I further agree to comply with the
provisions of all statutes relative to the proper and comple	ete performance of my duties	, and I am familiar with and
accept the obligations of my position as registered agent a	is provided for in Chapter 60	15, F.S. Or, if this document is

being filed to merely reflect a change in the registered office address. Thereby 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	Type of Action
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			□Remove
			□Change
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<u>iote:</u> If the date	other than the date of listed, the date must be specif inserted in this block does ive date on the Departmen	filing: fic and cannot be pri not meet the appl	icable statutory fil	(option more than 90 days after fing requirements, this	nal) iling.) Pursuant to 605.0207 date will not be listed as
	a delayed effective date, bu	ut not an effective	time, at 12:01 a.m	n. on the earlier of: (b)	The 90th day after the
record specifies I is filed.					
	!	. 2023			
d is filed. MAY 23T			thorized representati		

Filing Fee: \$25.00