3/19/2019

Plophera Department of State

Unvision of Comporations

Electronic Filling Gover Sheet

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| To: | | • |
|-------|-----------------------------------|---------------------------------------|
| | Division of Corporations | |
| | Fax Number : (850)617-6383 | |
| From: | Account Name : LEGALZOOM.COM INC. | |
| | Account Number : 120010000062 | 50 X 50 X |
| | Phone : (323)962-8600 | · · · · · · · · · · · · · · · · · · · |
| | 5-y Mumban - (323)962-3889 | F11 (**) |

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN E&L REAL PROPERTY AND INVESTMENTS LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$55.00 |

| Electronic Filing Men | Electronic | Filing | Menu |
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Corporate Filing Menu

Help

COVER LETTER

| TO: | | | | |
|-------------|--|--|-------------------------|---|
| 03 (T. 100) | E&L REA | L PROPERTY AND INVE | STMENTS LLC | |
| SUBJE | CT: | Name of Limi | ited Liability Company | |
| The enc | losed Articles of | Amendment and fee(s) are sub- | mitted for filing, | |
| Please r | etum all correspo | ondence concerning this matter | to the following: | |
| | Registration Section Division of Corporations E&J. REAL PROPERTY AND INVESTMENTS LLC Name of Limited Liability Company melosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Cheyenne Moseley | | | |
| | | | Name of Person | |
| | | Legalzoom.com, Inc. | | |
| | | | Firm/Company | |
| | | 101 N. Brand Blvd., 11t | | |
| | | | Address | • |
| | | Glendale, CA 91203 | | |
| | | | City/State and Zip Code | |
| | | | | ication) |
| For fint | her information o | concerning this matter, please of | ntl; | |
| Cheye | nne Moseley | | | |
| | Name o | Articles of Amendment and fee(s) are submitted for filing. Attricles of Amendment and fee(s) are submitted for filing. Attricles of Amendment and fee(s) are submitted for filing. Cheyenne Moseley Name of Person Legalzoom.com, Inc. Firm/Company 101 N. Brand Blvd., 11th Floor Address Glendale, CA 91203 Giv/State and Zip Code lanard.langston@elrpi.com E-mail address: to be used for future annual report notification) formation concerning this matter, please call: loseley Name of Person Area Cide Daytime Telephone Number Check for the following amount: ling Fee Certificate of Status Certificate of Status Certified Copy (artificional copy is enclosed) MAILING ADDRESS: Registration Section Registration Section | | |
| Enclose | ed is a check for t | he following amount: | | |
| □ \$23 | 0.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | Regist | ration Section | Registration Sectio | n |

P.O. Box 6327

Taliahassee, FL 32314

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| E&L REAL PROPERTY AND INVESTMENTS | | ds.) |
|---|-------------------------------|--|
| (Name of the Limited Liability Compa (A Florida Limited I | Liability Company) | - |
| The Articles of Organization for this Limited Liability Company | were filed on 02/18/2019 | and assigned |
| Florida document number 1.19000048075 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| | | |
| The new name must be distinguishable and end with the words "Limited Liab | | |
| Enter new principal offices address, if applicable: | 100 S. Ashley Dr. Suite# 6 | 00 11 (1) |
| (Principal office address MUST BE A STREET ADDRESS) | Tampa, Florida 33602 | 10000000000000000000000000000000000000 |
| | | 65 - 1 |
| | | |
| Enter new mailing address, if applicable: | 100 S. Ashley Dr. Suite# 6 | 00 三世 皇 |
| (Mailing address MAY BE A POST OFFICE BOX) | Tampa, Florida 33602 | ``` |
| | | > |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | ffice address on our record | is, enter the name of the n |
| | | |
| New Registered Office Address: | Enter Florida street addre | risto - |
| | F | lorida |
| | City | Zip Cocle |
| New Registered Agent's Signature, if changing Registered Agent | <u>:</u> | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete | e performance of my duties, c | urther agree to comply with to 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

Page L of 3

Page 5 of 6 To

> If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-----------------|------------------------------|-----------------------|
| AMBR | Lanard Langston | 124 S Morgan St. Unit 1417 | □ Aðd |
| | | Tampa, Florida 33602 | _ ⊠ Remove |
| AMBR | Ebony Langston | 124 S Morgan St. Unit 1417 | |
| | | Tampu, Florida 33602 | □ IZI Remove |
| AMBR | Lanard Langston | 100 S. Ashley Dr. Suite≠ 600 | ⊠ Add |
| | | Tampa, Plorida 33602 | □ Remove |
| <u>ambr</u> | Ebony Langston | 100 S. Ashley Dr. Suite# 600 | ZÍ Add |
| | | Tampa, Florida 33602 | Remove |
| | | | HAR 19 PH P Remove 38 |
| | | | |
| | | | □ Remove |
| | | | |

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| | | | | |
| Effective date, if other than the (The effective date must be specific, cannot the date this document is filed by the Flo | ot be prior to date of receipt or : | filed date and cannot be more than | _ (optional) 90 days after | |
| Dated MANCH 8 | . 2019 | · | | |
| 7 | Signature of a member or auth | Arized representative of a member | | _ |
| | | Langston ed name of signee | | _ |
| | | | | |
| | | | 10 | |
| | | | MR 19 | |

Page 3 of 3
Filing Fee: \$25.00