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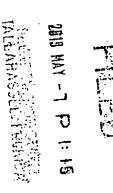
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## **COVER LETTER**

TO:

**Registration Section** 

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Co	rporations		
IT-312, LI	.C		
SUBJECT:		<del></del> -	
	Name of Lin	nited Liability Company	· - ——
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Dan Sarfati, Esq.		
		Name of Person	<del></del>
	Sarfati Corporate Law, P.a	١.	
		Firm/Company	
	2670 N.E. 215th Street	, .	
		Address	
	Aventura, FL 33180		
	Dan@Sarfatilaw.com	City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report noti	ication)
For further information of	concerning this matter, please c	all:	
Dan Sarfati, Esq.		305 467-1870	
······································	,,	at ()	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	JNG ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IT-312, LLC

Fili	

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 4/4/2019 and assigned
Florida document number L19000092971	TALLAHASSEE, PECRETA
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
ET-C312, LLC	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20533 BISCAYNE BLVD, #4-502
(Principal office address MUST BE A STREET ADDRESS)	AVENTURA, FL33180
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :
Name of New Registered Agent:	
the of the free free free free free free free fr	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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.

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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			☐ Change
***************************************			□ Add
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Note: If the date ins	ted, the date must be spe	ecific and cannot be pri es not meet the appl	licable statutory filir	( <b>option</b> ) nore than 90 days after filling requirements, this d	al) ing.) Pursuant to 605.0207 (3) ate will not be listed as the
the record specific  The 90th day a	es a delayed effect fter the record is	ctive date, but r filed.	not an effective	time, at 12:01 a.r	n. on the earlier of:
APRIL 23 Dated	7	2019			
	12/1/				
<del>//</del>	Signati	ure of a member or aut	thorized representative	of a member	· ·

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00