L19000104346

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Bı	usiness Entity Nam	ne)
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21 HAY 24 PH 1: 00

COVER LETTER

	ration Second of Corp			
SUBJECT:	lliott Techr	ology, LLC	•	•
		Name of Li	mited Liability Company	
777				
		Amendment and fee(s) are su	_	
Please return all	correspon	dence concerning this matter	r to the following:	
		Elizabeth Whitmer		
			Name of Person	
		Elliott Technology, LLC		
		Firm/Company		
		115 Bay Mar Drive		
			Address	
		Fort Myers Beach, FL 339	931	
			City/State and Zip Code	
		ewhitmer33931@yahoo.com		
			to be used for future annual report notific	cation)
For further inform	mation con	cerning this matter, please c	all:	
Elizabeth Whitm	ner		239 738-5244	
	Name of P	erson	at (Telephone Number
Enclosed is a che	ck for the	following amount:		
≘ \$25.00 Filing	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 500 Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Address: ation Sec	rtion	Street Address:	
		porations	Registration Secti Division of Corpo	
P.O. Bo	ox 6327	•	The Centre of Tal	
Tallaha	issee, FL	32314	2415 N. Monroe S	Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Elliott Technology, LLC

OF 21 HAY 24 PH 1: 00

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our	records.)
The Articles of Organization for this Limited Liability Company		
Florida document number L19000104346		
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 contain the words "Limited Liabil	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
m		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
Intuing addition National Section 1		
B. If amending the registered agent and/or registered office	address on our records,	enter the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	n address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent		L. I Couch an armed to comply with th
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my au provided for in Chapte	r 605, F.S. Or, if this document is

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 = M $AMBR = A$	lanager .uthorized Member		An arm to the Shipe	
<u>Title</u>	<u>Name</u>	Address	21 HAY 24 PM 1:00	Type of Action
MGR	Steven W Cole			□Add
		15 Tom Casey	Road, Spencer, MA 01562	Remove
				□Change
				□Add
				□Remove
				□Change
				🗆 Add
				□ Remove
				□ Change
 -				□ Add
				□Remove
	•			□ Change
 -				□Add
				□Remove
				Change
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				□Remove
				[] Change

	dditional sheets, if necessary.)
	21 MAY 24 PH 1:00
	(all soll)
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing.	(optional) ing or more than 90 days after filing.) Pursuant to 605.020
inte: If the date inserted in this block does not meet the applicable statutor	ry filing requirements, this date will not be listed a
locument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:0	ll a.m. on the earlier of: (b) The 90th day after the
d is filed.	(,
05/19 2021	
Dated	
Dated 05/19	
(D) M HILMITANIE	sentative of a member
Dated 05/19 , 2021	sentative of a member