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TO:

Registration Section

Division of Corporations E&E Consulting & Trades & Investment ILC SUBJECT: 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: Gary Bloome Name of Person Gary Bloome PA Firm/Company 9148 Glades Road Address Boca Raton, FL 33434 City/State and Zip Code gbloome@prodigy.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gary Bloome Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E&E Consulting & Trades & Investment LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 4/24/2019 Florida document number ______119000112316 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Page 1 of 3

If amending or removed	g Authorized Person(s) authorized to from our records:	manage, enter the title, name, and addr	ess of each person being add
MGR = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Deborah Darman	4140 N 36th Avenue Hollywood, FL 33021	Add
			■ Remove
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If ame	nding any other information, e	nter change(s) here: (Attach additional sheets	s, if necessary.)
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(If an effe	we date, if other than the date of the cive date is listed, the date must be spelf the date inserted in this block doesn's effective date on the Department's	ific and cannot be prior to date of filing or more than 90 c s not meet the applicable statutory filing requirement	(optional) days after filing.) Pursuant to 605.0207 (ents, this date will not be listed as t
the rec	ord specifies a delayed effec 90th day after the record is	tive date, but not an effective time, at 1 filed.	.2:01 a.m. on the earlier of:
Dated _	May 13, 2019		
	In It		
	Signati	re of a member or authorized representative of a membe	r
	Zahi Darman		
		Typed or printed name of signee	
		Page 2 of 2	

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Filing Fee: \$25.00