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COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT: <u>EL</u>	DERS Name of Limit	ISIAN) ed Liability Company		
The enclosed Articles of An	endment and fee(s) are subm	nitted for filing.		
Please return all corresponde	ence concerning this matter to	o the following:		
For further information conc	RAYMO ELDER'S 3374 Nu BOCH RAH AllServices G E-mail address (to	Address OY) City/State and Zip Code O O O G IN O O be used for future annual report notificati	33434 Con	20 OCT 19 PM 5: 45
Raym Mal Name of Pe	Jean	at (<u>954)</u> <u>348 ~ 8</u> Area Code Daytime Tel	586 ephone Number	
Enclosed is a check for the f	ollowing amount: □ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is or	itus &
Mailing Address: Registration Sec Division of Corp		Street Address: Registration Section Division of Corpora		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TDLER'S IS/A	ND ZZC B麗
(Name of the Limited Liability Comp. (A Florida Limited	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1900 0 12 6</u> 4	
This amendment is submitted to amend the following:	5 0
A. If amending name, enter the new name of the limited liah	oility company here:
ELDER'S ISIAN The new name must be distinguishable and contain the words "Limited Liabs) LLC
The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable:	11270 NW 5200 ST
(Principal office address MUST BE A STREET ADDRESS)	COBAL Springs F1 33076
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11270 NW 52nd 89 CORAL Springs F1 33076
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Jy Y	10ND SAN NW 52 M 8 f Enter Florida street address
New Registered Office Address: 11270	NW 52 M 81 Enter Florida street address
CORAL	Spring, Florida 33076
New Registered Agent's Signature if changing Degistered Agent	· Cay Zap Code

New Registered Agent's Signature, it 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.

Kaymony Jean
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
MGR	JACQUANNE CADET	11270 NW 52 8 CORAL Synn Fl 33076	A ZAdd
			□Remove
	,		□Change
MER	Jose Johnice	11017 Sunset Ridge C Boyton FL 33473	
		60g101) FC 33473	LRemove
			□Change
			□Add
			□Remove
			Change
			□Remove
		 	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

t an effectiv <mark>Note:</mark> If th	date, if other than the date of filing: 10-13-2020 (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records.
record sp d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	10-13, 2020.
	Maynord Isan
	Signature of a member or authorized representative of a member