L19000140921

(Requestor's Name)
(Āddress)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200399920502

01/24/26--01004--012 **25.00

ECRETIAL OF STATE

2023 JAN 24 AM 9: 23

RECEIVED

CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

YYIRDIR II Y					
	PICK UP:	MISTY 1/24			
CERTIFIED COP	Υ				
РНОТОСОРУ		 			
CUS					
FILING	LLC	AMEND			
CORPORATE NAME AND I	OOCUMENT #)				
CORPORATE NAME AND I	DOCUMENT #)				
CORPORATE NAME AND E	DOCUMENT #)				
CORPORATE NAME AND D	POCUMENT #)				
CORPORATE NAME AND D	OCUMENT #)				
	CERTIFIED COP PHOTOCOPY CUS FILING E.H.L MARKETING CORPORATE NAME AND I	CERTIFIED COPY PHOTOCOPY CUS	CERTIFIED COPY PHOTOCOPY CUS FILING LLC AMEND E.H.L MARKETING LLC CORPORATE NAME AND DOCUMENT #) CORPORATE NAME AND DOCUMENT #) CORPORATE NAME AND DOCUMENT #) CORPORATE NAME AND DOCUMENT #)	CERTIFIED COPY PHOTOCOPY CUS FILING LLC AMEND E.H.L MARKETING LLC CORPORATE NAME AND DOCUMENT #) CORPORATE NAME AND DOCUMENT #) CORPORATE NAME AND DOCUMENT #) CORPORATE NAME AND DOCUMENT #)	CERTIFIED COPY PHOTOCOPY CUS FILING LLC AMEND E.H.L MARKETING LLC CORPORATE NAME AND DOCUMENT #) CORPORATE NAME AND DOCUMENT #) CORPORATE NAME AND DOCUMENT #) CORPORATE NAME AND DOCUMENT #)

COVER LETTER

TO:	Registration So Division of Co			
CUDICA		RKETING LLC		
SUBJEC	LI:	Name of Lin	nited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		ZAHAVA ARONOV		
			Name of Person	
		ORB CPA PA		
			Firm/Company	
		1000 S STATE RD 7		
			Address	
		PLANTATION, FL 33317	7	
			City/State and Zip Code	
		enmskincare@gmail.com		
		E-mail address:	to be used for future annual report no	tification)
For furth	er information c	oncerning this matter, please o	all:	
МІСНА	EL O ROZIN		716 730-1219	
	Name o	f Person		ne Telephone Number
Enclosed	l is a check for th	ne 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)
	Mailing Addres Registration S		Street Address:	action
	Division of C		Registration Se Division of Co	
	P.O. Box 632	7	The Centre of	Tallahassee
	Tallahassee, F	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 JAH 24 AH 9: 23

E.H.L MARKETING LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

TALLARASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on of the Articles of Organization for this Limited Liability Company were filed on of the Indiana and assigned for the Indiana and assigned for the Indiana and In

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	

City

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

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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
AMBR	ELIYAHU H LASKIN	6200 MAHAFFEY RD	≣ Add
		FORT MYERS, FL. 33966	□Remove
		BUILDING 3 APT 206	_
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
			□ Remove
			Change
			□Remove

						- - -
					, , , , , , , , , , , , , , , , , , , ,	<u>.</u>
						_
						_
						_
				<u>.</u>	<u>-</u>	-
					<u> </u>	-
						_
					·	_
						-
				<u> </u>	 -	-
						-
					· · · · · · · · · · · · · · · · · · ·	_
			<u> </u>			_
						-
						-
			<u></u>			-
Effective date, if other If an effective date is listed, to Note: If the date inserted document's effective date	he date must be specific I in this block does no	and cannot be prior to t meet the applica	to date of filing or m	(optio fore than 90 days after to g requirements, this	filing.) Pursuant to 60.	5.0207 (3 ted as th
e record specifies a delayerd is filed.	ed effective date, but r	not an effective tir	me, at 12:01 a.m.	on the earlier of: (b)	The 90th day afte	r the
Dated		2023	_ <u>-</u>			
		M				
	Signature of	a member or author	nzed representative	of a member		
MICHAEL O	ROZIN					

Filing Fee: \$25.00