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ALL ANASSLE, FLORIS,

COVER LETTER

TO:

TO: Registratio	on Section Corporations		
SUBJECT:	Elvieros	Shop LLC	
30bJEC1	Name of Lim	nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing.	5. 2.
Please return all cor	respondence concerning this matter	to the following:	
	<u>Oda</u>	Name of Person	
	El Vie	JOS Shop L	-LC_
	1620	16th Terrace	<u>. </u>
	Palm C	Peach Garden	FL 33418
	Odaly 2 E-mail address: (City/State and Zip Code LOO 3 @ Jahoo. City be used for future junual report no	lification)
For further informat	ion concerning this matter, please c		
Obal	45 Oliva	at (561) 371	-6536
.N:	ante of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check	for the following amount:		
50 S25.00 Filing For Calverdy Sent	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)
M Ri D P.	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

 $\nabla \cdot$

El Viejos		
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our rec Liability Company)	oras.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on87 31	andrassigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab N/A		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(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 o registered agent and/or the new registered office address her		ords, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		Planta
	City	Florida 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 a 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 ac or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Othlys Oliva	1620 16th Torracl Palm Beach gardens FZ 334	Add Add
			Remove
			Change
	•		🗆 Add
			□ Remove
			☐ Change
	·		Add
			□ Remove
			☐ Change
			🗆 Add
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If an ef <u>Note:</u>	ive date, if other than the date of filing:
he re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	$(O_{0}, O_{1}, O_{1}, O_{1}, O_{2}, O_{2},$
	Signature of a member or authorized representative of a member
	Odalys Oliva
	Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00