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## **COVER LETTER**

SUBJECT: Elliott General Promodeling LLC 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:
Keisha Gokling Name of Person
Elliott General Remodeling U-C
4844 1 State P.d 7 Apt 204
Coconut Creek FL 33073  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 401-7475  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 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:  Registration Section  Division of Corporations  Street Address:  Registration Section  Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	podeling	ur records )				
(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)	ur recorus,				
The Articles of Organization for this Limited Liability Company	were filed on ALO	45+ 10,2019 and assigned				
Florida document number <u>L 19000209167</u> .	<del></del> J	did dasigned				
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	ity Company," the designati	ion "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:		<b>202</b> Ser				
(Principal office address MUST BE A STREET ADDRESS)	0.	A FI HA TI				
		N (ARE)				
		(C) (SAZYD)				
Enter new mailing address, if applicable:	n)	la III				
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>					
D. If and the state of the stat						
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records	, enter the name of the new register				
Name of New Registered Agent:	$\alpha/a$					
New Registered Office Address:	1					
	Enter Florida stree	i address				
	. Florida					
	City	Zip Code				
Yew Registered Agent's Signature, if changing Registered Agent:						
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree	nt:					

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kevin Elliott	4844 1 St Rd 7 Apt 204	□Add
		Coconut Geek FL 33073	Remove
			_ Change
			_ 🗆 Add
			_ □Remove
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Filing Fee: \$25.00