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(Re	questor's Name)	
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(CII	ty/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
	ELS HOLI	DINGS LLC		
SUBJI	ECT:	Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Daniel Benarroch		
			Name of Person	
		ELS HOLDINGS LLC		
			Firm/Company	·
		120000 Biscayne Blvd Su	ite 218	
			Address	<del></del>
		Miami, Florida 33181		
		info@equitylendingsolutio	City/State and Zip Code ns.com	
		E-mail address: (	to be used for future annual report notific	cation)
For fu	rther information c	oncerning this matter, please ca	all:	
Dani	el Benarroch		305 3367332	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>■</b> \$2	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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION , OF

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2019 NOT -4 PM 12: 20

(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 Florida document number	were filed on and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	120000 Biscayne Blvd, Suite 218		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33181		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	120000 Biscayne Blvd, Suite 218 Miami, FL 33181		
registered agent and/or the new registered office address her			
	re:		

## 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 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>	<u>Address</u>	Type of Action
MGR	BENARROCH, HAIM D	12000 BISCAYNE BLVD, SUITE 218	□ Add
		Miami, FL 33181	
			□ Remove
		12000 BISCAYNE BLVD. SUITE 218	
MGR CASTRO, HECTOR	Miami, Fl 33181		
			Remove
			Change
			Add
			Remove
			□ Change
	<del></del>		Add
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ective date, if other than the date offective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department.	specific and cannot be price does not meet the appli	icable statutory fil:	( <b>optio</b> more than 90 days after ing requirements, this	filing.) Pursuant to 605.020
record specifies a delayed ef he 90th day after the record	ffective date, but n I is filed.	ot an effective	time, at 12:01 a	i.m. on the earlier (
October 30th	2019			
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Filing Fee: \$25.00