## L19000233676

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF S A

Jdh. 12/14/20

## **COVER LETTER**

TO: Registration S Division of Co			
ELS HOL SUBJECT:	DINGS LLC		
30bJEC1	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Matthew Holtz		
		Name of Person	·
	Solution   Comparations		
		Firm/Company	
	1688 Meridian Ave., Suite	440	Daytime Telephone Number  e & S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)  Address:
		Address	
		City/State and Zip Code	
	<del>-</del>	to be used for future annual report potition	cation)
For further information		·	canon,
Marissa Carvajal	·	305 330-6928	
Name	of Person		Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addre Registration		Street Address: Registration Sect	ion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELS HOLDINGS LLC		
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were file Florida document number L19000233676	ed on 9/16/2019 a	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	npany here:	•
	<u> </u>	30
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbrevia	m "L.L.C."
Enter new principal offices address, if applicable:		1
(Principal office address MUST BE A STREET ADDRESS)		
	<u> </u>	-p [.]
		· 「」
Enter new mailing address, if applicable:	<u> </u>	46
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, <u>enter the name of tl</u>	<u>ie new registe</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	F21 - 2.1	

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	HAIM D BENARROCH	12000 BISCAYNE BLVD, SUITE 504	□Add
		MIAMI, FL 33181	≅Remove
		<del></del>	□Change
MGR HEC	HECTOR CASTRO	12000 BISCAYNE BLVD, SUITE 504	□Add
		MIAMI, FL 33181	■Remove
			□Change
MGR	ELS MANAGEMENT LLC	12000 BISCAYNE BLVD., SUITE 504	≝Add
		MIAMI, FL 33181	
			□Change
			□Add
			Remove
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Effective date, if other than the defan effective date is listed, the date must be Note: If the date inserted in this bloc	ck does not meet the appl	icable statutory filii	nore than 90 days at	otional) ter filing.) Pursuant to this date will not be	605.0207 (3)(b) listed as the
document's effective date on the Department	partment of State's record	s.			
record specifies a delayed effective of is filed.	date, but not an effective	time, at 12:01 a.m.			
September 23	2020		, .	. A Assid	.11 a 15 £.
	·	W.	6	n behalf of agent for	ELS HOL
			, ,		

Filing Fee: \$25.00