## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELS HOLDINGS LLC

Certificate of Status	0
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Page Count	04
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NOV 2 9 2021

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELS HOLDINGS LLC		. 6
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	-0
The Articles of Organization for this Limited Liability Comp Florida document number L19000233676	any were filed on 09/16/2019	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited L	.iability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	,	
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	•	
Inter new mailing address, if applicable:		- <del> </del>
Mailing address MAY BE A POST OFFICE BOX)		J
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	•	
<del></del>	, Flor	rida
	City	Elp Couc

## 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 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

Title	Name	Address	Type of Action
MGR	ELS MANAGEMENT LLC	12000 BISCAYNE BLVD SUITE 400	<b>=</b> Add
		MIAMI FL 33181	□Remove
			Change
MGR HAIM D BENARROCH	HAIM D BENARROCH	1000 W PEMBROKE ROAD 319	□ Add
		HALLANDALE BEACH FL 33009	=Remove
		<del></del>	☐ Change
MGR HECTOR CASTRO	1000 W PEMBROKE ROAD 319	DAdd	
	HALLANDALE BEACH FL 33009	Remove	
		Change	
		□Add	
		□Remove	
		<del></del>	Change
		<del></del>	□Add
			□ Rαπονο
			□ Change
			□Add
			□Remove
			□ Change

	·
	·
<del></del>	
If an effect <u>Note:</u> If	e date, if other than the date of filing:
e record s rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	October 26, 2022
	Signature of a member of authorized representative of a member
	- /