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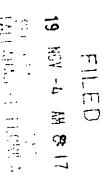
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DEC 04 2019 S. YOUNG

## **COVER LETTER**

TO:	Registration Sec Division of Cor			
	ELS Mana	gement LLC		
SUBJ	ECT:			
		Name of Limi	ted Liability Company	
The er	nclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Daniel Benarroch		
		-	Name of Person	
		ELS MANAGEMENT LI	.C	
			Firm/Company	
		120000 Biscayne Blvd Su	ite 218	
			Address	
		Miami, Florida 33181		
		info@equitylendingsolutio	City/State and Zip Code ns.com	
		E-mail address: (1	to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	ill:	
Dani	el Benarroch		305 3367332	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e 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

ELS MANAGEMENT LLC

company has been notified in writing of this change.

any as it now appears on our records.) Liability Company)
Viginitive Company)  99/16/2019  and assigned
bility company here:
ility Company," the designation "LLC" or the abbreviation "L.L.C."
120000 Biscayne Blvd, Suite 218
Miami, FL 33181
120000 Biscayne Blvd, Suite 218
Miami, FL 33181
office address on our records, <u>enter the name of the</u> :
Enter Florida street address
, Florida
y iii

If Changing Registered Agent, Signature of New Registered Agent

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

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	BENARROCH, HAIM D	12000 BISCAYNE BLVD. SUITE 218	□ Add
		Miami, FL 33181	
			□ Remove
		12000 BISCAYNE BLVD. SUITE 218	■ Change
MGR	CASTRO, HECTOR	Miami, Fl 33181	
			Add
			□ Remove
			■ Change
			Add
			□ Remove
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Effective da	i <b>te, if other than</b> date is listed, the date	the date of fili	ng:	r to date of filing	or more than 90	(optional) days after filing	i L) Pursuant to 605	.020
Note: If the	date inserted in th	iis block does not	t meet the applic	cable statutory	filing requiren	ents, this date	will not be liste	ed as
	effective date on th	ne Department of	i State's records	5.				
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Filing Fee: \$25.00