L19000297584

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Ethi	an and El	Lia Enterp	rises LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Ettan ar 3161 STE	Name of Person Address VILLOULE FL 3 City/State and Zip Code VICTORULE GM2 to be used for future annual report notice	Enterprises LLC ns Bluff Blud 2246 211.com
For further information c	oncerning this matter, please c		,
Majd Name o	Dabbas f Person	at (470) 263 Area Code Daytime	3 1780 e Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclused)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	s:	Street Address	

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

Street Address:
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

The Articles of Organization for this Limited Liability Company were filed on 12-05-2019 and assigned Florida document number 19000297584
riorida document number & 1 1000 a 1 100 /
This 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) STE 5
JACKSONVILLE FL 32246
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
Ellowish.
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 ______ □Change _____ □Remove _____ □Change _____ □Remove _____ □Change _____ Change ______ 🗀 Add

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an effecti ote: If	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.	
ecord s 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 l.	the
ted	3/3//21	
	Signature of a member or authorized representative of a member	
	maid NABBAS	

Filing Fee: \$25.00