12 000 000 1253

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

6357



400340761964

02/26/20--01019--023 **25.00

2020 SPX -6 PM 3: 21

C GOLDEN

APR 1 4 2020

COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Sec Division of Corp			
eun ma		SUMMERLAND LLC		
SUBJEC	.l:	Name of Limi	ited Liability Company	
The enck	ased Articles of .	Amendment and fee(s) are subi	mitted for filing.	
		ndence concerning this matter		
		Ira R. Shapiro		
		·	Name of Person	
		Ira R. Shapiro P.A.		
		-	Firm/Company	<u> </u>
		16375 NE 18 Avenue, Suit	te 225	
		Address		
		North Miami Beach, FL 33	3162	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please co	ail:	
			at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	Lis a check for th	ne following amount:		
	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	ation
	Registration 5 Division of C		Registration Se Division of Cor	
	P.O. Box 632		The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 19, 2020

IRA R. SHAPIRO 16375 NE 18 AVENUE SUITE 225 NORTH MIAMI BEACH, FL 33162

SUBJECT: MRS. BSC SUMMERLAND LLC

Ref. Number: L20000001253

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 620A00006066

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3.13

2020 / - - 8 PM 3: 21

MRS. BSC SUMMERLAND LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L20000001253	Company were filed on January 2, 2020 and assigned
	 ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
ELENA'S INVESTMENT HOLDING COMPANY LLC	
The new name must be distinguishable and contain the words "Lim	mited 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 ADDR	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
ac it amenaino ine registeren avent anu/itr revisteret	d office address on our records, enter the name of the new registers
÷	d office address on our records, <u>enter the name of the new register</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	d office address on our records, enter the name of the new registere
Name of New Registered Agent:	Enter Florida street address
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address , Florida City Zip Code
agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: New Registered Office Address:	Enter Florida street address , Florida City Zip Code d Agent:
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered thereby accept the appointment as registered agent a provisions of all statutes relative to the proper and concept the obligations of my position as registered agent and concept the obligations of my position as registered agent.	Enter Florida street address , Florida City 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
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
		<u></u>	Remove
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			Change

- 11 4111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
=	
_	
-	
-	
_	
_	
-	
_	
Note: I	ce date, if other than the date of filing:
record d is file	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 d.
Dated _	C/01/2. 2020 C/01/4 & Mr8h
	Signature of a member or authorized representative of a member
	Elena Hershey

Filing Fee: \$25.00