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TO: Registration Section
Division of Corporations

SUBJECT: Ellington Properties 2 L.L.C.

Address change

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Amy Ellington Name of Person
	Ellington Properties 2, L.L.C.
	1705 Rockledge Dr
	Ruckledge, FL 32955 City/State and Zip Code
_	E-mail address: to be used for future annual report notification)
or further information conce	erning this matter, please call:

Enclosed is a check for the following amount:

\$25.00 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!

Mailing 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

Ellington Properties (Name of the Limited Liability Compa (A Florida Limited L	2 L. L. C. ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number & & & & & & & & & & & & & & & &	were filed on $12/31/19$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1705 Rockledge Pr
(Principal office address MUST BE A STREET ADDRESS)	1705 Rockledge Dr Rockledge, FL 32955
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
-	City Zip Code
Naw Dagistared Agent's Signature if changing Degistered Agent:	

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 Changing Registered Agent, Signature of New Registered Agent

emending Authorized Person(s) authorized to manage, enter the original removed from our records:

MGR = Manager AMBR = Authorized Member		Type of Action			
Title Name	Address	🗆 Add			
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Filing Fee: \$25.00