## L20000020397

(Requestor's Name)
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(City/State/Zip/Phone #)
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Elan VII LI	LC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Diana Costa		
		Name of Person	
	Elan VII LLC		
		Firm/Company	
	1848 Castleton Dr		
		Address	
	Saint Cloud FL 34771		
		City/State and Zip Code	
	Shopelanvii@gmail.com		
	E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all;	
Diana Costa		407 433-8766	
Name o	r Person	at () Area Code Daytir	ne Telephone Number
Linelosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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		Street Address:	
Registration S		Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ELAN VII, LLC

(A Flore	da Limited Liability Company)	<u>as.</u> )
The Articles of Organization for this Limited Liability Florida document number  L20000020397	Company were filed on 1/13/2020	and assigned
This amendment is submitted to amend the following:	<del></del>	
A. If amending name, enter the new name of the lir	nited liability company here:	
'he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u> 3. If amending the registered agent and/or register agent and/or the new registered office address here:	ed office address on our records, <u>ente</u>	r the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	388
	, F	lorida Zip Code
	·	Zip Code
New Registered Agent's Signature, if changing Register	red 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

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	Diana Costa	1848 Catleton Dr Saint Cloud FL 34771	
		<u> </u>	□Remove
			□Change
	<del> </del>		□Add
			□Remove
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If an ef <u>Note:</u>	ive date, if other than the date of filing:
e recor rd is fi	d 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 led.
السيارية ا	10/02/2020
Dated	
	Signature of a member or authorized representative of a member