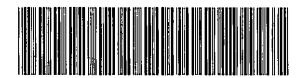
L2000 026 313

(Requestor's Name)	
(Address)	
	Address)	
(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAiL
	Business Entity Name)	·
(Document Number)	
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Special Instructions	to Filing Officer:	-

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COVER LETTER

	tegistration Sc Division of Cor				માં .
SUBJECT		ON PROPERTIES OZ. LLC			
BOINGLE I	· ·	Name of Limited Liability Company			
		Amendment and fee(s) are sub	·		
		Rhonda Reed			
			Name of Person		
		CPA Business Advisors. I	nc.		
			Firm/Company	<u></u>	
		1290 W Eau Gallie Blvd.			
			Address		
		Melbourne, FL 32935			
		Bills@cpabusinessadvisors	City/State and Zip Code		
			to be used for future annual report noti	fication)	
For further	r information ed	oncerning this matter, please c	all:		19
Rhonda R			321 593-0925 at ()		
	Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed is	s a check for th	e following amount:			
≡ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

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 OZ, LLC

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

were filed on January 21, 2020	and assigned
ility company here:	
lity Company," the designation "LLC" or	the abbreviation "L.L.C."
4625 Kumquat Street	
Cocoa, FL 32926	
address on our records, enter the	name of the new registered

Enter Florida street address	
. Florid	la
City	Zip Code
	ility company here: ity Company," the designation "LLC" or 4625 Kumquat Street Cocoa, FL 32926 Enter Florida street address , Florid

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	<u>Name</u>	Address	Type of Action
MGR	Amy Ellington	4625 Kumquat Street	
		Cocoa, FL 32926	□Remove
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change

ffec	rive date, if other than the date of filing: (optional)
	fective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	ment's effective date on the Department of State's records.
	rd 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 is f	iled.
	101 15th 2020
Dated	April 15th 2020

Filing Fee: \$25.00

Typed or printed name of signee