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SECHETARY OF STATE

## El 02 oddress worst **COVER LETTER** Registration Section TO: Division of Corporations Ellington Properties 02 Name of Limited Liability Compan The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Any Ellington Name of Person Ellington Properties 02, LLC 1705 Rockledge Dr Rockledge, F2 32955 City/State and Zip Code emellington @ gmail. Com E-mail address: (who used for future annual report notification) For further information concerning this matter, please call: at (321) 604-1057 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$\sum \text{Certificate of Status}\$ ☐ \$60.00 Filing F ☐ \$55.00 Filing Fee &

**Mailing Address:** 

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

Street Address:

Certified Copy (additional copy is enclosed)

> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certificate of Status

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ellinator Propertie	s OZ, LLC
Ellington Proper to (Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compa	
Florida document number <u>L 20000 26313</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lie Enter-new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	1705 Rockledge Dr Pockledge Fi 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 offic agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
agent unwor the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	Enjet Florida street address
<del></del>	, Florida
Non-Berintand Assetts Clauseum 15 Asset 15 Asset	City Zip Code

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

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te: If the date inserted cument's effective date	i in this block do	es not meet th	e applicable	statutory filing	requirements, t	his date will:	not be li	sted a
ecord specifies a delay is filed.	ed effective date	, but not an eff	ective time,	at 12:01 a.m. o	n the earlier of:	(b) The 90t	h day af	ter the
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Filing Fee: \$25.00