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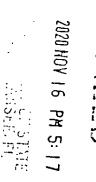
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Registration Section Division of Corporations

| CUDINGT | Elliott | International, LLC | | |
|----------------------------|--|---|-------------------|---|
| SUBJECT: | Name of Limi | ted Liability Company | 7.33 | 7. 10. 7 |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please return all correspo | endence concerning this matter | to the following: | | |
| | Terri L. Elliott | | | |
| | | Name of Person | | _ |
| | Elliott International | , I.I.C | | |
| | | Firm/Company | | _ |
| | 14114 Lake Tilden | Blvd | | |
| | | Address | | _ |
| | Winter Garden, FL | 34787 | | |
| | | City/State and Zip Code | | - |
| | terri@depauleg.com | | | |
| | E-mail address: (1 | to be used for future annual report no | itification) | |
| For further information of | concerning this matter, please ca | all: | | |
| Terri L. Elliott | | 239 850-3249 at () | | |
| Name o | of Person | Area Code Dayti | me Telephone Numb | er |
| Enclosed is a check for t | he following amount: | | | |
| □ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certific | Filing Fee, cate of Status & cd Copy al copy is enclosed |

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

| Elhott International, LLC | | un una onde \ |
|---|--|-----------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on or Liability Company) | ur records.) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L20000221948</u> | were filed on 07/2 | 97/2020 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: | NA |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designat | |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 2020 T |
| Time par office warens meet 2001 attack to | | V V |
| | | 5. O |
| Constitution and the second constitution is constitutional to | | P T |
| Enter new mailing address, if applicable: | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | 111 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our record | s, enter the name of the new regi |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida str | eet address |
| <u></u> | | , Florida |
| | 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 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> | <u>Address</u> | Type of Action |
|--------------|-------------------|-------------------------|------------------|
| AMBR | Dennis P. Elliott | 14114 Lake Tilden Blvd | |
| | | Winter Garden, FL 34787 | □Remove |
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| effective 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 | reffective date is listed, the date muster. If the date inserted in this bl | enartment of State's records | - | |
| effective 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 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as unment's effective date on the Department of State's records. | te: If the date inserted in this bl | | | |
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Filing Fee: \$25.00