Division of Corporations

## Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

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Page Count	04
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION, OF

ELSANTO			
(Name of the Limited Liability Compan (A Florida Limited Li	iy as it now apper lability Company)	ers on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on _	10/29/2020	and assigned
Florida document number <u>L20000333820</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company h	<u>iere</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the	designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Terrace Palmetto Bay	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	7720 SW 147	Terrace Palmetto Bay	<sup>,</sup> Florida 33158 US
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our	records, <u>enter the</u>	name of the new registered
	-		
New Registered Office Address:	Enter F	lorida street address , Florid	a Zip Gode
New Registered Agent's Signature, if changing Registered Agent:			0

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>	Address	Type of Action
MGR	LUCAS DE MARIA	7720 SW 147 Terrace Palmetto Bay, Florida 33158	US □Add
			□Remove
			⊠Change
		□Add	
		□Remove	
		□Change	
		[]Add	
		Change	
		□Remove	
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		□Change	
			□Add
			□ Remove
			□Change

⊙ 05/17/2022 10:52 AM

. If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
the recon	I 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 ed.
Dated	May 17th
	Ashley Perkins Signature of a member or authorized representative of a member
	Ashley Perkins, Attorney-in-Fact
	Typed or printed name of signee

Filing Fee: \$25.00