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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	СТ:	Ellenjay	Ited Liability Company	
			, ,	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Lind:	Say A Farris	
			Ellenjay LLC Firm/Company	
		8613	WOOD CIPCLE	
		Pano	nia City, FL 32 City/State and Zip Code	404
		E-mail address: (to be used for future annual report notifica	uion)
For furt	her information c	oncerning this matter, please ca	all:	
_ L	ind Say Name o	A. Farris Person	at (<u>SSD</u>) <u>SQT</u> - C	9950 elephone Number
Enclose	d is a check for th	ne following amount:		,
(\$25	.00 Filing Fee	☐ \$30.00 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 Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Section Division of Corpoon The Centre of Tall 2415 N. Monroe Social Tallahassee, FL 32	rations lahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	thenough the	·	
(Name of the Limited I	Liability Corppany hs it now apper Florida Limited Liability Company	r) records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on	219/21	and assigned
Florida document number <u>L210000 09</u>	_		and assigned
· · · · · · · · · · · · · · · · · · ·			
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of the	e limited liability company	<u>here</u> :	
			· · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and contain the words	s "Limited Liability Company," the	e designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	e:	<u></u> -	
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:		····	
<u>(Mailing address MAY BE A POST OFFICE BO</u>	<u></u>		
B. If amending the registered agent and/or regis	stered office address on our	records enter the nam	e of the new registers
agent and/or the new registered office address h		records, enter the nam	e of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
<u>-</u>		, Florida	The Code
	City		Zip Code
New Registered Agent's Signature, if changing Regi		•	AS 1
I hereby accept the appointment as registered a	gent and agree to act in thi.	s capacity. I further agi	ree to comply with the
provisions of all statutes relative to the proper a accept the obligations of my position as register			
being filed to merely reflect a change in the regi			
company has been notified in writing of this cha			
	inge.		39
	inge.		39

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	Lindsay A. Farris	8613 Wood Circle	□Add
	J	8613 Wood Circle Panama City, Fi 321	101 □Remove
			Change
MGR	Jason A. Farris	8013 Word Circle	□Add
		8013 Word Circle Panama City, FL 3241	<u> </u>
			Change
			□Add
			□Remove
			□Change
			🗀 Add
			Remove
			Change
			Add □ Add □ □ Remove
			-O □ Remove
			□Change
			□Remove
			□Change

E. Effec	tive date, if other than the date of filing:
Note:	ffective 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.

If the reco	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
record is i	D
Dated	March 25 . 2021.