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(Requestor's Name)	
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,	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
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Certified Copies Certificates of Statu	s
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COVER LETTER

TO:

TO: Registration Se Division of Cor		•	•
SUBJECT:	CEL	AU LLC	
SUBJECT:	Name of Linu	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Miriam Poggio	
		Name of Person	
		CELAU LLC	
		Firm/Company	
	2127	BRICKELL AVE 1204	
		Address	
	<u> </u>	MIAMI FL 33129 City/State and Zip Code	
	on	ie.miriam@icloud.com	
	E-mail address: (to be used for future annual report not	ification)
	oncerning this matter, please c		
Miriam Poggio		1 786-356-26	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	
Tallahassee, FL 32314		2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CELAU LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/19/21}{2}$ and assigned Florida document number 1.21000083876 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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>	Name .	Address	Type of Action
MGR	MIRIAM POGGIO	2127 BRICKEL AVE # 1204 MIAMI, FL 33129	□Add
			□Remove
			■Change
			□Add
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effective date i e: If the date	other than the date of fi listed, the date must be specific inserted in this block does n ive date on the Department	e and cannot be prior to not meet the applical	date of filing or more ble statutory filing re	(optiona than 90 days after filir equirements, this da	g.) Pursuant to 605,0207
cord specifies s filed.	i delayed effective date, but	, not an effective tim	e, at 12:01 a.m. on t	he earlier of: (b)	he 90th day after the
09/16/21					
ed		<u> </u>	^		
			16		
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	Signature o	of a member or authori	zed representative of a	member	

Filing Fee: \$25.00