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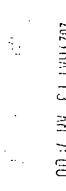
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COVER LETTER

	Registration Section Division of Corpor			
SUBJEC	r. Frutal	Tropicales Ely L	LC .	
SUBJEC	1: <u>1:0[: 9;0</u>		al Liability Company	
The encl	osed Articles of Am	nendment and fee(s) are submi	itted for filing.	
Please re	turn all corresponde	ence concerning this matter to	the following:	
		mana E. Me	<u> </u>	
			Name of Person	
		inital Implical		
			Firm/Company	
		9095 aimay	DY #1211	
		•	Address	
		Penialola FI	32514	
			City/State and Zip Code	
	-	mana (1720) ett	1. My 10 2021 @ 9M 011. (be used for future annual report-hotification)	(DIV)
For furth	er information conc	cerning this matter, please call	:	
_Val	ena Bargr	nona	at (\$50) 288-2196	
	Name of Pe	rson	Area Code Daytime Telepho	one Number
Enclosed	l is a check for the f	following amount:		
☑ \$2 5.	00 Filing Fcc	□ \$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:		Street Address:	
	Registration Sec Division of Corp		Registration Section Division of Corporation	nns
	P.O. Box 6327	ροιαποπο	The Centre of Tallahas	

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FNITAL TYPE (ALE) (Name of the Limited L.)	ELV LLC 2021 MAY 13 AM 7: 01 iability Company as it now appears on our records: lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number 12100017 U835	ity Company were filed on and assigned
This amendment is submitted to amend the following	og:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>enter the name of the new registered</u> ere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
_	City Zin 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

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	Mem	ber

<u>Title</u>	<u>Name</u>	Address 2021 HAY 13 AH 7: 01	Type of Action
AMBR	Mana Elizabeth Mejia	Address 2021 HAY 13 AH 7:01 4943 Springhill Dr. Pensawa	_ t/Add
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			□Change
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	2021 MAY 13 AH 7: 01
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Hective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 ok does not meet the applicable statutory filing requirements, this date will not be listed
record specifies a delayed effective of Lis filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
April 1016	. 2021
ated April 19th	off A
·	ignature of a member or authorized representative of a member