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Division of Corporations
Fax Number : (850)617-6383

Corom:
Account Name : TAP SOLUTIONS INC
Account Number : I20210000103

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

Phone : (786)615-3057 Fax Number : (786)615-3058

Email Address: info@ tap Solution.net

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELYON MOVING LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

AUG 12 2021 S. PRATHER

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ELYON MOVING LLC			-11	7
(Name of the Limited Liah (A Flori	ility Company as it now idn Limited Liability Com	appears on our records.)	<b>9</b> . 1	
The Articles of Organization for this Limited Liability Florida document number <u>L21000217595</u>	Company were filed	on 05/10/2021	and assigned	21
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lit	mited liability compi	nv here:		
The new name must be distinguishable and contain the words "Li	imited Liability Company	" the designation "LLC" or the abbre	viation "L.L.C."	_
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	PRESS)			
				_
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	<b>-</b> √-,			_
B. If amending the registered agent and/or register agent and/or the new registered office address here:		our records, <u>enter the name o</u>	f the new regis	<u>tere</u>
Name of New Registered Agent:				_
New Registered Office Address:	Ent	er Florida street uddress		
		, Florida		
New Registered Agent's Signature, if changing Register	City	• '	Zip Code	
I hereby accept the appointment as registered agen- provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register company has been notified in writing of this change	t and ugree to act in complete performun agent us provided fo red office address. I	ce of my duties, and I am fam r in Chapter 605, F.S. Or, if t	iliar with and his document i	
	If Changing Register	ed Agent, Signature of New Registe	red 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

Title	Name	Address	Type of Act	<u>tion</u>
AMBR	Edga Alexandra Martinez	5210 SW 5th ST	■Add	
		Coral Gubles 33134	□Remove	
			□ Change	
			□Add	
			П Rcmove	
			□Change	
			□Remove	
			□Add	
			□Remove	
			⊡Add	
			□Remove	
			Change	
			□Add	
			□Remove	

. If amending any other information, enter change(s) here: (Auach additional sheets, if	fnecessary.)
	<del></del>
·	
Effective date if when they they date of filing	optional)
Effective date, if other than the date of filing:	after filing.) Pursuant to 605.0207 (3)
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of rd is filed.	f: (b) The 90th day after the
Λ	2021 ALL
Dated August 11th . 2021	2021 AUG 11
Austel Conos	61 GJ 612 T 67 T
Signature of a member or authorized representative of a member	
Kristel K Gomez Ceciena	
Kriste K Gomez Cecieno Typed or printed name of signee	- <del>- 24</del>

Filing Fee: \$25,00