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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ELO ENTERPRISES, INC

Account Number : I20150000109 Phone : (561)544-8862 Fax Number : (954)697-0130

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

Email Address: sales@eloenterprises.us

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIRESEC, LLC

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T. LEMIEUX

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIRESEC, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on 06/16/2021	and assigned
Florida document number L21000280771	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
EIVISSA CORPORATE BUSINESS, LLC.		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6135 NW 167th Street #E20	% 2
(Principal office address MUST BE A STREET ADDRESS)	Hialeah, FL 33015	122 SE.
		Ž.
Enter new mailing address, if applicable:	6135 NW 167th Street #E20	JI P
Mailing address MAY BE A POST OFFICE BOX	Hialcah, FL 33015	FL S
		: 12 DRIDA
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flo	rida
	City	Zip 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.

05/11/2022 10:34 (FAX) P.003/004

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 Action
			DAdd
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cetive date, if other than the date of filing:	N/A			
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