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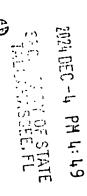
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## **COVER LETTER**

**Division of Corporations** Name Change ELWIN Association and Management, LLC to Williamson & Aguilera Enterprises, LLC. SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Edward L. Williamson Name of Person Williamson & Aguilera Enterprises, LLC FirmvCompany 11744 Hadleigh Way Address Trinity, Florida, 34655 City/State and Zip Code ewilliamson05@netzero.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Edward L. Williamson Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, □ \$55.00 Filing Fee & □ \$30.00 Filing Fee & S25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy

(additional copy is enclosed)

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### ELWIN ASSOCIATION AND PROPERTY MANAGEMENT, 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 June 25, 2021 and assigned                             | i     |
|---|--|-------|
| Florida document number L21000296028                                      |  |       |
| This amendment is submitted to amend the following:                       |  |       |
| A. If amending name, enter the new name of the limited liab               | pility company here:   |       |
| WILLIAMSON & AGUILERA ENTERPRISES, LLC                                    |  |       |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "L.L.C" or the abbreviation "L.L.C." |       |
| Enter new principal offices address, if applicable:                       | 11744 HADLEIGH WAY   |       |
| (Principal office address MUST BE A STREET ADDRESS)                       | TRINITY, FLORIDA 34655   |       |
|   |  |       |
| Enter new mailing address, if applicable:                                 | 11744 HADLEIGH WAY   |       |
| (Mailing address MAY BE A POST OFFICE BOX)                                | TRINITY, FLORIDA 34655   |       |
| B. If amending the registered agent and/or registered office              |  | s i   |
| agent and/or the new registered office address here:                      | address on our records: <u>enter the name of the special sectors</u> | . i i |
| Name of New Registered Agent:   | <u>いの                                    </u>                        |       |
| New Registered Office Address:  | Enter Florida street address   |       |
|   | . Florida  |       |
|   | 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.

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                        |
|--------------|------------------|---------------------------------------|---------------------------------------|
| President    | Nicole I. Garcia | 11744 HADLEIGH WAY, TRINITY, FL 34655 | <b>=</b> Add                          |
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| ffective date is listed, the date must be specific and cannot be prior to date of filing or more. If the date inserted in this block does not meet the applicable statutory filing rement's effective date on the Department of State's records. | than 90 days after filing.) Pursuant to 605.0<br>equirements, this date will not be listed |  |
| ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on tilled.  | he earlier of: (b) The 90th day after  |  |
| NOVEMBER 25 2024   |  |  |
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| Eld Liblemon   | ı member   |  |

Filing Fee: \$25.00