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(кед	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Uly STALLAHASSEE FLORIDA

RECEIVED

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: El L Cattle LLC	
Name of Limited Liab	ility Company
The enclosed Articles of Amendment and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter to the fo	illowing:
Edward Conteror	<u> </u>
	ame of Person
ELL Cottle LLC	
F	irm/Company
1/351 NE 915+ C	r B
	Address
Broken Florida Citys	32621 state and Zip Code
	d for luture annual report notification)
For further information concerning this matter, please call:	
Anaslasa Gonczarow	ar (352), 949 2075
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$:	55.00 Filing Fee & \$\time{\nabla}\$ \$60.00 Filing Fee.
Certificate of Status C	Certified Copy additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESE ESIL Calle IIC

(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Cor	empany were filed on and assigned
Florida document number	-·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
Earl L Calle LLC	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20 <u>2</u>
(Principal office address MUST BE A STREET ADDRE	
	EX ELCaHle LLC pg matican=
Enter new mailing address, if applicable:	Ex Came ac pos Manager
(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 regist
agent and/or the new registered office address here:	
And And	ostasia (binctarcu)
Name of New Registered Agent: HY(
New Registered Office Address: 135	1 ME 914 CT Enter Florida street address
- R	201 a
(Tyota)	City

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.

Changing Registered Agent Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
CEO_	Loida Milan Gonciacos	11351 NE 91St Ct Brown FT	□Add
			XRemove
			□Change
<u>(EO</u>	Floord Gorczarow	11351 NE 912+ CP	□Add
		Brown FL BALAI	!Aemove
			Change
(GO)	Arastesa Gonzasa	1/331 NE 914 CF	CRF SEAdd A
		Brown FL Blad	Remove
		רבה. היים ביים ביים ביים ביים ביים ביים ביים	r.> ○ □Change
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