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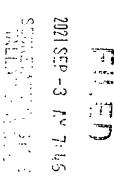
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| PICK-UP                 | ☐ WAIT            | MAIL      |
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| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
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Office Use Only



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TO PRUCE
SEP 15 1021

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

| SUBJECT: CEN   | ITRAL EHP                                    | LLC   |                               |   |                |
|--|--|---|-------------------------------|---|----------------|
|  | Name of Lim                                  | ited Liability Company                                  |                               |   |                |
|  |  |   |                               |   |                |
| The enclosed Articles of a   | Amendment and fee(s) are sub                 | mitted for filing.                                      |                               |   |                |
| Please return all correspon  | ndence concerning this matter                | to the following:                                       |                               |   |                |
|  |  |   |                               |   |                |
|  | ELON H                                       | ORSHAM  |                               |   |                |
|  |  | Name of Person  |                               |   |                |
|  | CENTRAL                                      | EHP LLC Firm/Company                                    |                               |   |                |
|  |  | Firm/Company  |                               |   |                |
|  | 7901 ATH                                     | ST N. STE 580   | 23                            |   |                |
|  | 1  | Address   |                               |   |                |
|  | ST PETER                                     | SBORG FL3   | 3702                          |   |                |
|  | <u> </u>                                     | SBORG FL3 City/State and Zip Code                       |                               |   |                |
|  | info@cer                                     | ntralehp.com to be used for future annual report notiti | ioution)                      | 2921<br>355                             |                |
| to the state of th |  |   | Cations                       | 2021 SEP -<br>SEREEN                    | :              |
| •  | oncerning this matter, please c              |   |                               | <u>.</u>                                | 1.584<br>1.584 |
| Elon Hor   | sham   | at ( <u>727)</u> <u>250</u><br>Area Code Daytime        | 0069                          |   |                |
| Name of  | Person                                       | Area Code Daytime                                       | Telephone Number              | 7:4                                     |                |
|  |  |   |                               | 5                                       |                |
| Enclosed is a check for th   | e following amount:                          |   |                               |   |                |
| \$25.00 Filing Fee   | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy                   | □ \$60.00 Fili<br>Certificate | ing Fee,<br>2 of Status &               |                |
|  | Certificate of Canada                        | (additional copy is enclosed)                           | Certified C                   |   |                |
|  |  |   |                               | • |                |
|  |  |   |                               |   |                |
| Mailing Address Registration S   |  | <u>Street Address:</u><br>Registration Sec              | tion                          |   |                |
| Division of C  |  | Division of Corp  |                               |   |                |
| P.O. Box 632   | •  | The Centre of Ta  |                               |   |                |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AL EHP

| (A Florida Limited I  | Liability Company)   |
|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 210 00341351</u> .  This amendment is submitted to amend the following:                | were filed on JULY 28, 2021 and assigned   |
| A. If amending name, enter the new name of the limited liab   | ility company here:  |
| The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS) | ity Company," the designation "L.L.C."  7901 ATH ST N  STE 5803  ST. PETERSBURG FL 33702 |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)   | 7901 4TH ST N<br>STE 5803<br>ST. PETERSBURG FL 33702                                     |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:   | address on our records, enter the name of the news registered                            |
| Name of New Registered Agent:  New Registered Office Address:   | Enter Florida street address   |

## 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.

Cinv

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> | <u>Address</u> | Type of Action   |
|--------------|-------------|----------------|--|
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| ctive date, if   | other than the da                                 | te of filing   | :              | · barente       | , , , , , , , , , , , , , , , , , , , | (optiona       |               | 405 020       |
| e: If the date i | listed, the date must be<br>nserted in this block | does not me    | ect the applic | able statutory  | filing requirer                       | nents, this da | te will not b | e listed a    |
| ument s effecti  | ve date on the Depa                               | rtment of St   | ate s records  |                 |                                       |                |               |               |
| cord specifies a | delayed effective d                               | ate, but not : | in effective t | ime, at 12:01 : | i.m. on the ear                       | lier of: (b)   | The 90th da   | y after the   |
| s filed.         | •   |                |                |                 |                                       |                |               |               |
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Filing Fee: \$25.00