L21000369964

(Re	equestor's Name)	
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COVER LETTER

TO: Registration Division of C			
SUBJECT:		EL SHALOM LLC	
Jobate 1.	Name o	f Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) ar	e submitted for filing.	
Please return all corres	pondence concerning this m	atter to the following:	
	,	TOMASA MORENO MORENO	
		Name of Person	
		EL SHALOM LLC	
	Firm/Company		
		404 S SAN GABRIEL ST APT C	
		Address	
CLEWISTON, FL 33440			
	-	City/State and Zip Code	
morenotomasa50@gmail.com			
Car formly of Carrie		City/State and Zip Code morenotomasa50@gmail.com ess: (to be used for future annual report notification) see call: 863 599-2730	
For further information	concerning this matter, plea	ise call:	
TOMASA MOI	RENO MORENO	863 599-2730 (7)	
Name	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Statu		
Mailing Addre Registration Division of O	Section	Street Address: Registration Section Division of Corporations	
P.O. Box 63	27	The Centre of Tallahassee	
Tallahassee,	rL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EL SHALOM LLC				
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL21000369964	were filed on	Agosto 18, 2021	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	oility company her	<u>·e</u> :		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de-	signation "LLC" or the abl	oreviation "L.L.C."	
Enter new principal offices address, if applicable:	404 S SAN GAB	RIEL ST APT C, CLEV	VISTON FL 33440	
(Principal office address MUST BE A STREET ADDRESS)			202 SE(
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SEP 13 PH 7:	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our rec	cords, enter the name	of the new registered	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florid	la street address		
	City	, Florida	Zip Code	
	5.7		Lip Civili	

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

Title	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
			□Change
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		AH SS CH.	Change = n
			□Remove
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Effective date, if other than the fan effective date is listed, the date mus	date of filing:	or to date of filing or m	(optio	nal)	(05.00
Note: If the date inserted in this blodocument's effective date on the Do	ock does not meet the appl	teable statutory filir	g requirements, this	date will no	ot be listed
2 Crossive date on the 17	-p				
record specifies a delayed effective d is filed.	e date, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th	day after tl
DatedAgosto 23	2021	·			
	TomasA Signature of a member or aut	Hore No	of a member		

Filing Fee: \$25.00