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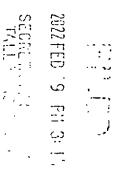
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## **COVER LETTER**

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eud idzet		EARL'S, LLC					
SUBJECT	•	Name of Lim	ited Liability Company				
		Amendment and fee(s) are sub	•				
		GEORGE A. YOUNG, ES	Q.				
			Name of Person				
		HOLMES & YOUNG, P.A	١.				
			Firm/Company	<del></del>			
		222 N. 3RD ST					
		<del></del>	Address	•			
		PALATKA, FL 32177					
		MANDITUCKER@GMAII	City/State and Zip Code L.COM				
		E-mail address: ()	to be used for future annual report no	otification)			
For further	information co	oncerning this matter, please ea	ail:				
GEORGE	A. YOUNG		386 328-1111				
	Name of	Person	at () Area Code Dayti	me Telephone Number			
Enclosed is	s a check for th	e following amount:					
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ELTON 7 PEARL'S, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Lim	ited Liability Company)			
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{121000518423}{12000518423}$ .	oany were filed on 12/08/2	2021	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
ELTON & PEARL'S, LLC				
The new name must be distinguishable and contain the words "Limited I	Liability Company," the design	nation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:			-2	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		727	
	ity Company were filed on 12/08/2021 and assigned			
			ہ۔ و	
Enter new mailing address, if applicable:	·· <del>-</del>		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)	· · ·		ري ب	
	- <del></del>		<u> </u>	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:  Name of New Registered Agent:	ice address on our recor	rds, <u>enter the nam</u>	e of the new registered	
New Registered Office Address:	Cutur Florida	to see a defense.		
	emes viorida sveet adaress			
	City	Florida	Zin Code	
New Registered Agent's Signature, if changing Registered Age	•		my com	
New Registered Agent's Signature, if changing Registered Ag-	<u>ent;</u>			

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
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Effective date, if other if an effective date is listed. Note: If the date inserte document's effective date	the date must be specific a d in this block does not	nd cannot be prior to d meet the applicable	ate of filing or more that e statutory filing requ	(optional) on 90 days after filing tirements, this date	) Purcuant to	605 0207 listed as
e record specifies a delay rd is filed.	ed effective date, but no	ot an effective time,	at 12:01 a.m. on the	earlier of: (b) T	ie 90th day	after the
Dated		-·				
	Signature of	member of authorize	d representative of a m	ember		-

Filing Fee: \$25.00