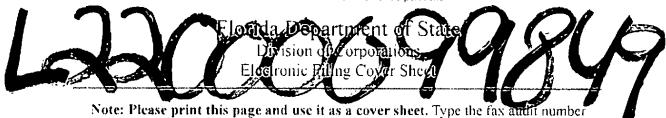
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Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ELO ENTERPRISES, INC

Account Number : I20150000109 Phone : (561)544-8862 Fax Number : (954)697-0130

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: sales@eloenterprises.us

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. Page: 2 of 4

To:

2023-06-05 16:32:09 GMT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A	Liability Company Clorida Limited Liab	as it now appears of ility Company)	n our records.)		- ′
The Articles of Organization for this Limited Liab Florida document number <u>L22000099849</u>	bility Company we	ere filed on 03/10	/2022	and	assigned
This amendment is submitted to amend the follow	ving:				
A. If amending name, <u>enter the new name of t</u>	he limited liabilit	y company here	:		
The new name must be distinguishable and contain the wor	ds "Limited Liability)	Company," the design	guation "LLC" or the	abbreviation	"L.L.C."
Enter new principal offices address, if applicat	ole:		- · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET	<u>ADDRESS)</u> _				
Enter new mailing address, if applicable:	-				
Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>				
B. If amending the registered agent and/or reg agent and/or the new registered office address		ress on our reco	ords, <u>enter the na</u>	me of the	.5
igent and/or the new registered office address		ress on our reco	ords, <u>enter the na</u>	(.5
Name of New Registered Agent:		ress on our reco	ords, <u>enter the na</u>	(
agent and/or the new registered office address			street address	· · · · · · · · · · · · · · · · · · ·	 Г

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.

Page: 3 of 4

2023-06-05 16:32:09 GMT

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

To:

<u>Title</u>	Name	Address	Type of Action
MGR	OLIVE CROWN CO	4700 NW BOCA RATON BLVD #202	
		BOCA RATON, FL 33431	■Remove
			□ Change
MGR	ECHO ENTERPRISES LTD	4700 NW BOCA RATON BLVD #202	□Add
		BOCA RATON, FL 33431	≡ Remove
			□Change
MGR	BIG FIRE CO.	4700 NW BOCA RATON BLVD #202	□Add
		BOCA RATON, FL 33431	Remove
			□ Change
			
			□Remove
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	Signature of a nymber enalther depresentative of a member	