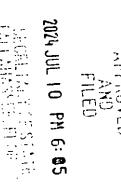
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Office Use Only



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Jul 22 2024 K. Brumbley

## **COVER LETTER**

TO: Registration S Division of Co			
Elan Valo	r LLC		
30101X11	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ethan McBride		
		Name of Person	
	Elan Valor LLC		
		Firm/Company	
	5503 Entertainment Way		
		Address	
	Fort Pierce, FL 34947		
	•	City/State and Zip Code	
	info@tet-si.com		· · ·
		to be used for future annual report notif	ication)
For further information	concerning this matter, please ea	ill:	
Ava L. McBride		772 577-8551	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the 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 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

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ted Liability	Company," the designation	on "LLC" or i	the abbrevia	tion "L.L.C	J. <b>"</b>
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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.

Charging Registered Agent, Signature of New Registered Agent

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
AMBR	Ava L McBride	531 S US Hwy 1, A-2	□Add
		Fort Pierce, FL 34950	≣Remove
			[] Change
AMBR	Willie R McBride	531 S US Hwy 1, A-2	🗆 Add
		Fort Pierce, FL, 34950	≣Remove
			[]Change
AMBR	Thomas Anderson	531 S US Hwy 1, A-2	∰Add
		Fort Pierce, FL. 34950	□Remove
			□Change
AMBR	Ethan McBride	531 S US Hwy 1, A-2	<b>=</b> Add
		Fort Pierce, FL, 34950	□Remove
			□Change
			🗀 Add
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			□Remove
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Signature of a member or authorized representative of a member			ا	#				
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Filing Fee: \$25.00