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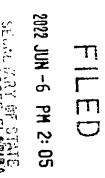
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## **COVER LETTER**

TO: Registration Section Division of Corpor	
SUBJECT:	ELF PLACE LLC Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	LUBOV OLMStead Name of Person
	SELF PLACE LLC
	343 E RIVETBENCI DR Address
	SUNTISC, FL 33326 City/State and Zip Code
-	E-mail address: (to be used for future annual report notification)
For further information conc	erning this matter, please call:
MBOV (	2/m5+eac/ at (786) 553-2500 Area Code Daytime Telephone Number
Enclosed is a check for the find S25.00 Filing Fee	ollowing amount:  S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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

SEL	F PL	ACE LI	_(.		
(Name of the Limited Li (A F	ability Company lorida Limited Lia	as it now appears on oblity Company)	our records.)		
The Articles of Organization for this Limited Liabili Florida document number <u> と</u> 2200/36 c		ere filed on $_{\underline{}}$	118 /22	and assi	gned
This amendment is submitted to amend the followin	g:				
A. If amending name, enter the new name of the	limited liabilit	y company here:			
The new name must be distinguishable and contain the words	"Limited Liability	Company," the designa	tion "LLC" or the abb	reviation "L.1	
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET AL	<b>:</b> -	9010 WEST Bailevara 33351	Commei	cial	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	- <u>Q</u> -	343 E RI Sanrise	VLRREND FL 33	<u>'Dr</u> 3326	
B. If amending the registered agent and/or regist agent and/or the new registered office address he Name of New Registered Agent:		dress on our record	ALL ASSEE. F	2022 mew	registered
• · · · · · · · · · · · · · · · · · · ·	9010 Wes	[ COMMET GU Enter Florida str	UBIII	2: <b>05</b>	<del></del>
	Smy	City	Florida2	23 35] Zip Code	<del></del>
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## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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(howenge	r parbter)	22 Bernet DR. Fridoria, NY	Remove
			□Change
m49	Michael Smith	1717 North BayShore D	<u> </u>
new	puther manager	Mixini, FL 33132	□Remove
		Ste: 108-17	□Change
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