7/26/23, 9:18 AM

Division of Corporations



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To:

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BUYLAB LLC**

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JUL 2 7 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUYLABILL					_	
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears on our Liability Company)	records.)			
The Articles of Organization for this Limited Florida document number L22000185286	Liability Company	were filed on 04/18/2022	2	a:	nd assi	gned
This amendment is submitted to amend the following	llowing:					
A. If amending name, enter the new name	of the limited liab	oility company here:				
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designatio	n "LLC" or th	e abbreviat	on "L.I	C."
inter new principal offices address, if appli	icable:	712 SW 16TH AVE				
Principal office address MUST BE A STREET ADDRESS)		#310				L.C."
		GAINESVILLE, FL 320	501			
Enter new mailing address, if applicable:		7264 SOUTH LA-13				
Mailing address MAY BE A POST OFFICE	F ROV)	CROWLEY, I.A 70526	-	_		
TABLE TO SERVICE STATE OF THE SERVICE STATE STATE OF THE SERVICE STATE OF THE SERVICE STATE OF THE SERVICE STATE O	<u> </u>				1 823	
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 If amending the registered agent and/or gent and/or the new registered office addr 		address on our records,	enter the n	ame of th	e-new	١
Name of New Registered Agent:	ELO ENTERPI	RISES, INC.		ء ر اس رسر	P# 1:	<u> </u>
New Registered Office Address:	4700 NW BOC	A RATON BLVD #202		Fi	_	
THE PROPERTY OF THE PROPERTY O		Enter Florida street	addr e ss			
	BOCA RATON	N	, Florida	33431		
		City		Zip	Code	

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 Changing Registered Agent. Signature of New Registered Agent

07/25/2023 09:37 (FAX) 9.003/004

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	Name	Address	Type of Action
MGR	BORGES, BRUNO C	7264 SOUTH LA-13	
		CROWLEY, LA 70526	□Remove
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			
			□Remove
			□ Change
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			Change
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			□Remove
			☐ Change

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tive date, if other than the d	ate of filings		
ffective date is listed, the date must b	e specific and cannot be prior to o	date of filing or more than 90	(optional) days after filing.) Pursuant to
If the date inserted in this bloc ment's effective date on the Dep	x does not meet the applicable	e statutory filing requiren	nents, this date will not be
near s effective date on the Dep	artment of State's records.		
ord specifies a delayed effective (late, but not an effective time	, at 12:01 a.m. on the ear	lier of: (b) The 90th day a
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JULY 25th 	2023		
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Brung Bo	ges (Jul 25, 2023 21:46 EDT)		
	ges (Jul 25, 2023 21:46 EDT) gnature of a member or authorize	ed representative of a memb	er