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COVER LETTER

TO: Registration Sec Division of Corp			
subject: <u>Ne w</u>	ELI Construi	ction L.L.C	
The enclosed Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Yackeline	Roldan Name of Person	
		Firm/Company	
	10605 Fair	Field Village Dr	
	_Tampa_F	City/State and Zip Code	
	E-mail address: (to	o be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	H;	
Jorge Lo	Person	at (754) 707 L Area Code Daytime	15 79 Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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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New ELT Construct (Name of the Limited Liabil) (A Florid	iv Company as it now appear a Limited Liability Company)	ers on our records.)	or.c TA:	źi
The Articles of Organization for this Limited Liability (Florida document number L2200025017)	Company were filed on	05/31/2022	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company b	ere:		
The new name must be distinguishable and contain the words "Lit	nited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C"	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or register agent and/or the new registered office address here:		records, enter the n	ame of the new registe	red
Name of New Registered Agent:				
New Registered Office Address:	Enter Fl	orida street address		-
		. Florida		
	City	, Fioriga	Zip Code	=
Non-Danietarad Apunt's Signatura, if changing Register	ed Agent			

New Registered Agent's Signature, it 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Yackeline Roldan		□Add
			□Remove
			EChange
AMBR	Jorge Lopez	10605 Fair Field	EAdd
	•	10605 Fair Field Village Or Tempa FL 33624	□Remove
			□Change
			□Add
			⊡Remove
			□Change
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e recor rd is ti	rd specifies a de iled.	dayed effective	date, but i	not an effecti	ve time, at	12:01 a.m. on	the earlier of:	(b) The 90th	day after the
Dated	06/19	1/2022		. ,					
	-A	17/1-	Signature of	f a member or	authorized r	epresentative of	a member		
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