LZ2000257718

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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	Ellie Wes	iton LLC		
30B/E61.		ited Liability Company	 	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Ben Ma	Mant Name of Person		
	<u>Ellie</u>	weston UC Firm/Company		2022 JUN 2
	1703 No	STA St Address		7 PM
	Ft Lande	dale FL 3 City/State and Zip Code	3301.	3: 29
	ben.k.mar E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please ca	all:		
Ben Ma Name o	chart f Person		5560. ne Telephone Number	
Enclosed is a check for the	ne following amount:			
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of 7	l'allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ellie Weston LLC	, 	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L220002577</u> 1 &	were filed on $6/6/202$	2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Marchant Halsor L	LC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_Va	20
(Principal office address MUST BE A STREET ADDRESS)		72 J
	,	27 PH 3
Enter new mailing address, if applicable:	N/a.	SS: P
(Mailing address MAY BE A POST OFFICE BOX)		<u>ښ</u> ښ
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registere
Name of New Registered Agent: New Registered Office Address: New Registered Office Address:		
New Registered Office Address: New Registered Office Address:		
,	Enter Florida street address	
	, Florida _	
New Degletored Agent's Signature if should be because Decision 1	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.

•	(
	N/
If Changing 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>	Name N/K	<u>Address</u>	Type of Action
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Typed or printed name of signee