## L22000325351

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## **COVER LETTER**

TO: Registration Division o	on Section f Corporations	<b>*</b>		
	ELE Investment Group LLC	•	. •	•
SUBJECT:	Name of Li	mited Liability Company		
The enclosed Articl	es of Amendment and fee(s) are so	ubmitted for filing.		
Please return all cor	respondence concerning this matte	er to the following:		
	Peter Cagle			
		Name of Person		
	PBC Accounting & Tax	Services Corp		
		Firm/Company		<b>22 A</b> U
	9700 S Dixie Hwy Suite	930		and the contract of the contra
	-	Address		3
	Miami, FL 33156			22 AUG 31 PH 4: 01
	peter@pbctaxes.com	City/State and Zip Code	<del></del>	0
		: (to be used for future annual rep	ort notification)	
For further informat	tion concerning this matter, please	call:		
Peter Cagle		786 536-70	659	
N	ame of Person	at () Area Code	Daytime Telephone Number	
Enclosed is a check	for the following amount:			
■ \$25.00 Filing F	ee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclose	ed) Certified C	of Status &
<u>Mailing Ao</u> Registrat	ddress: ion Section	<u>Street Addr</u> Registratio	r <u>ess:</u> on Section	
Division	of Corporations	Division o	of Corporations	
P.O. Box	0.527	The Centr	e of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MFMELE Investment Group LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\underline{07/22/2022}$ and assigned Florida document number \_\_\_\_\_1.22000325351 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_\_

## 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.

Cin

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	Eugenia Martinez	400 Sunny Isles Blvd Unit 1117	<b>=</b> Add
		Sunny Isles Beach, FL 33160	□Remove
			□Change
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ective date, if other than the	date of filing	07/22/202			(optior	nal)	
n effective date, if other than the neffective date is listed, the date must te: If the date inserted in this bloom	be specific and	cannot be pri	or to date of fil	ing or more tha	n 90 days after fi	ling.) Pursuant to	605.0
cument's effective date on the De	partment of S	tate's record	s.	ny ming requ	mements, this	rate will not be	nsicu
ecord specifies a delayed effective	date, but not	an effective	time, at 12:0	1 a.m. on the	earlier of: (b)	The 90th day	after t
s filed.							
		2022					
August 26							
ted August 26	·	. 0					

Filing Fee: \$25.00