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COVER LETTER

TO:

• .	stration Section sion of Corporations
SUBJECT:	The Eilers Group LLC Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed	Articles of Amendment and fee(s) are submitted for filing.
Please return :	all correspondence concerning this matter to the following:
	Erin Eilers Name of Person
	The Eilers Group 4C
	3945 Pinetop BIVa
	Titusville FL 32794
	City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
Eri	n Eilers at 561, 876-4750
	Name of Person Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:
□ \$25.00 F	iling Fee S0\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.O	ling Address: gistration Section rision of Corporations Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee Plahassee, FL 32314 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The tilers Com. All C

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L220003255</u> L	vany were filed on $\frac{7/32/3022}{43}$ and assigned $\frac{43}{3}$.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The Ellers HR Como	ID LLC
The new name must be distinguishable and contain the words "Limited I	iability 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	5)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	202
	- G # TI
B. If amending the registered agent and/or registered off	fice address on our records, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	00 <u>00 00 00 00 00 00 00 00 00 00 00 00 </u>
New Registered Office Address:	
Negricied Office Address.	Enter Florida street address
	12207 1 To Field Sty Del Cattley Styl
	, 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.

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
			Change
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record s is filed	specifies a delayed ef	ffective date, but r	not an effective	time, at 12:01 a.n	i, on the earlier of:	(b) The 90th day a	ifter the
ated	May 8	yny G	<u>202</u>				
		/ VI/V \ / \					
		Signature of	f a member or aut	thorized representati	ve of a member		•