L22000422393

| (Requestor's Name) | |
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| PICK-UP WAIT MAIL | |
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| (Business Entity Name) | |
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| Certified Copies Certificates of Status | — |
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| Special Instructions to Filing Officer: | |
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SECRETARY OF STATE

COVER LETTER

| TO: Registration Se Division of Cor | | , | ٠ | 4. | | |
|--|--|---|--|--------------|--------------|-------------|
| ELAS Prop | perties LLC | | | | | |
| | Name of Lim | ited Liability Company | | | | |
| | Amendment and fee(s) are sub | - | | | | |
| Trouse relain an eon cope | Jennifer Stanbery | | | | | |
| | | Name of Person | | | | |
| | ELAS Properties LLC | | | | | |
| | | Firm/Company | | | | |
| | 7285 Mossy Oaks Dr | | | | | |
| | | Address | | | | |
| | Navarre FL 32566 | | | | | |
| | JennyStanbery@hotmail.co | City/State and Zip Code | | 7T 038 | 2023 | |
| | · · · | to be used for future annual report notifica | ion) | 11.7× | 2023 SEP - I | ω, φι |
| For further information c | concerning this matter, please or | all: | | 第五名 | <u> </u> | |
| Jennifer Stanbery | | 850 426-2020 at () | | | 14 | 9 - 4 ha |
| Name o | of Person | | lephone Number | | AM 10: 07 | • |
| Enclosed is a check for the | he following amount: | | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fec & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate Certified C (additional of | of Status of | | |
| Mailing Address Registration S | | Street Address: Registration Section | on | | | |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ELAS Properties LLC | | |
|---|---|--|
| (Name of the Limited Liability Com (A Florida Limited | pany as it now appears on our record d Liability Company) | <u>is.</u>) |
| The Articles of Organization for this Limited Liability Compar | ny were filed on 09/29/2022 | and assigned |
| Florida document number L22000422393 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Lia | bility Company," the designation "LLC | " or the abbreviation L.L.C." |
| Enter new principal offices address, if applicable: | | 23 SI |
| | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | m CO |
| Transing was end with DE 111 Oct Of 1102 Bossey | | |
| | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | e address on our records, <u>enter</u> | the name of the new register |
| Name of New Registered Agent: | | |
| Manie of New Registered Agent. | | |
| New Registered Office Address: | | |
| | Enter Florida street addres | is |
| | , Florida | |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agen | <u>ıt:</u> | |
| I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change. | te performance of my duties, as s provided for in Chapter 605, | nd I am familiar with and F.S. Or, if this document is |

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> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|-------------------------------------|----------------|
| AMBR | John W. Stanbery | 7285 Mossy Oaks Dr Navarre FL 32566 | ■Add |
| | | | □Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE

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| F Fffect | tive dute if other than the date of filing: | (ontional) | 3 141 |
| <u>Note:</u> | effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90. If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records. | O days after filing.) F ments, this daic w | rursmant to 605.0207 (3)(b) |
| If the recor | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear filed. | rlier of: (b) The | 90th day after the |
| Datad | August 30 2023 | | |
| Dated | Signature of a member or authorized representative of a mem | | |
| | Signature of a member or authorized representative of a member | ber | |
| | Jennifer Stanbery | | |
| | Typed or printed name of signee | | |

Filing Fee: \$25.00