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COVER LETTER

TO: Registration Section

Divis	sion of Corp	porations			
	Costopoulos	Ellis & Associates, LLC			
SUBJECT: _					
		Amendment and fee(s) are sub			
Please return a	all correspo	ndence concerning this matter	to the following:		
		Michael L. Costopoulos			
	Name of Person				
Costopoulos Ellis & Asssociates, LLC					
Firm/Company					
195 Southwest 28th Street					
Address					
Okeechobee, FL 34974				2024 C	
City/State and Zip Code				DEC DEC	
		mike@cecpa.com	to be used for future annual report notification)	4114 4114 -9	
For further inf	formation co	oncerning this matter, please c	·	2024 DEC -9 AH II: 03 SEGRETARY OF STATE TALL AHASSEE, FL	
Michael L. Co	ostopoulos		863 763-1120	103 FATE	
	Name of	Person	Area Code Daytime Telephon	e Number	
Enclosed is a	check for th	e following amount:			
■ \$25,00 Fil	ling Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regi Divi P.O.	ing Address istration S sion of Co Box 632' ahassee, F	ection orporations 7	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	ee	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Costopoulos Ellis & Associates, 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 $\frac{11/07/2022}{11/07/2022}$ and assigned Florida document number <u>L22000477179</u> 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.

City

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
MGR	Ellis, Tiffany A	195 Southwest 28th Street	□Add
		Okeechobee, FL 34974	■Remove
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ded December 2	2024	/	a			
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Filing Fee: \$25.00