

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230000451493)))



H230000451493ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| To: | | | | | |
|-------|---|--------------|-------------------------------------|-----------|-------------|
| | Division of Corporations Fax Number : (850)617- | -6383 | | | |
| From: | | | | | |
| | Account Name : ELO ENTER Account Number : 120150000 Phone : (561)544- Fax Number : (954)697- | 9109 8862 | c | | |
| | the email address for this t wal report mailings. Enter | | ail address pl | | re |
| Ema | dil Address:Sales@eloe | enterpr | ises.us | <u></u> , | |
| | Address:Sales@eloo | | | ESIGN | |
| | LC AMND/RESTATE/CO ZELA PROPER | RRECT C | DR M/MG RH A, LLC | ESIGN | |
| | LC AMND/RESTATE/CO | RRECT C | DR M/MG RH A, LLC | | |
| | LC AMND/RESTATE/CO ZELA PROPER | RRECT C | DR M/MG RH A, LLC | | |
| | LC AMND/RESTATE/CO ZELA PROPER | RRECT C | DR M/MG RH A, LLC | | |
| | LC AMND/RESTATE/CO ZELA PROPER Certificate of Status Certified Copy | RRECT C | DR M/MG RH A, LLC 0 0 | | |
| | LC AMND/RESTATE/CO ZELA PROPER Certificate of Status Certified Copy Page Count | RRECT C | DR M/MG RH A, LLC 0 0 0 | | |

2023

J

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT то ARTICLES OF ORGANIZATION **O**F

ZELA PROPERTIES USA, 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 $\frac{02/02/2023}{2}$ and assigned Florida document number L23000051100

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 "LLC."

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 reg agent and/or the new registered office address here:

| Name of New Registered Agent: | | <u> </u> |
|--|------------------------------|----------|
| New Registered Office Address: | | |
| | Enter Fiorida street address | 2023 |
| | , Florida | لب. |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered . | Agent: | 6 t- |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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, <u>enter the title, name, and address of each person being a</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Actic |
|--------------|---------------------------|---------------------|---------------|
| MGR | FLAVIA M. ZELA DE ALMEIDA | 3221 SILVER FIN WAY | |
| | | KISSIMMEE, FL 34746 | |
| | | | □Change |
| | | | []Add |
| | | | 🛛 Remove |
| | | | []Change |
| <u>_</u> | · <u></u> , | | □Add |
| | | | 🗆 Remove |
| | | | ⊡Change |
| | | | 🖸 Add |
| | | | |
| | | | Change |
| <u> </u> | | | □Add |
| | | • | □Remov |
| | | . <u></u> | ①Change |
| | | | 🖸 Add |
| | | . <u></u> | CRemov |
| | | | Chang |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

| <u> </u> | | | | | |
|-------------------|---|---------------------------------------|----------|----------|----------|
| | | ······· | | | |
| | | | | | |
| | | | | | |
| | <u></u> | | , | | |
| | | | | | |
| <u> </u> | | | | | |
| | | | | | |
| | | | | | |
| <u></u> | | | | | <u> </u> |
| | | | | <u> </u> | |
| | | | | | |
| | | | | | |
| | ······· | · · · · · · · · · · · · · · · · · · · | | | |
| ,,,, | · · · · · · · · · · · · · · · · · · · | | <u>-</u> | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | · | | ······ |
| tina duta 18 ath. | er than the date of filin , the date must be specific at | 10. | | (ont | ional) |

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

| FEBRUARY 3rd Dated | 2023 |
|-------------------------|---|
| | ·,· |
| (Aluanaz | ja |
| ADRIANA MARTINS BATISTA | ZELA (Feb 3, 2023 10:51 EST) |
| Signature of a | i member or authorized representative of a member |
| | |

ADRIANA MARTINS BATISTA ZELA - MGR

Typed or printed name of signee