(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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Y. SCOTT

JUN 18 2003

Y. SCOTT

COVER LETTER

TO: A Registration Se Division of Cor				
	OPERTIES, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Grettel Sales			
		Name of Person		
	KEW Legal			
	-	Firm/Company		20
	16690 Collins Ave Suite 1	101	<u>#</u> :	23 HA
		Address		
	Sunny Isles Beach, FL 331	60	:: :::::::::::::::::::::::::::::::::::	PH IT
		City/State and Zip Code	े जिल् जन्म	
	notices@kewlegal.com			16
For further information of	n-man address: (to be used for future annual report no	uncation)	
	oncertning this matter, please c			
Kristina Wilson		305 990-2220 at ()		
Name o	f Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Torporations 7		orporations Tallahassee oe Street, Suite 81	10
		Tallahassee, F	L 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELEV8 PROPERTIES, LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company	y were filed on <u>02/22/2023</u>		and assigned
Florida document number L23000094546			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited lial	bility company here:		
E8 Properties LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	n "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			202.
The first office and test in the first of th		• ;	3 T1
		:: 5	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	-	3>	<u>- Ör</u>
		,	_ -
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the nar	ne of the new regis
Name of New Registered Agent:			
New Registered Office Address:	p pt 11		
	Enter Florida street	address	
	<u> </u>	, Florida	7: 6 /
	City		Zip Code

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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an effective date is Sote: If the date i	other than the clisted, the date must nserted in this blocked we date on the Dep	oe specific and k does not n	cannot be prior neet the applic	able statuto			filing.) Pı	
record specifies a lis filed.	delayed effective	date. but not	an effective ti	ime, at 12:0	l a.m. on the	earlier of: (b)	The 9	0th day after the
ated April 24		J.C	2023	-) 7/	<i></i>			
		ignature of a f	member or author	orized repres	entative of a me	ember		
	Kristir	\sim \sim	ulsor	ed name of s				

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