## L23000113301

| (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 Filling Officer: |
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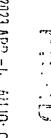
Office Use Only



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## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  |   |  |             |   |
|--|--|---|--|-------------|---|
| SUBJECT: EH                            | CIZIO LLC                                    |   |  |             |   |
| SUBJECT:                               |  | ited Liability Company  | <u> </u>   |             |   |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | mitted for filing.  |  |             |   |
| Please return all correspo             | ndence concerning this matter                | to the following:   |  |             |   |
|  | Brianna (                                    | Mand of Person  | <del></del>  |             |   |
|  | EHC12  |   | ,  | I~>         |   |
|  |  | Firm/Company  |  | 1023 KPR    | <b>4:</b> 7                                 |
|  | 221 Cr                                       | estrun Loop<br>Address  | :<br>  | <del></del> |   |
|  | Leest  | ourg, FL 34749<br>City/State and Zip Code<br>1114 Egmail. CO              | 8  | 0 :01137    | , ;<br>; :::::::::::::::::::::::::::::::::: |
|  | funtowr                                      | 114 CGMail. CO  | ) <b>//</b>  | _           |   |
| For further information $\alpha$       | E-mail address: ()                           |   | icanon)  |             |   |
| Branna Cha<br>Name of                  | Ighoum; (Person                              | at (352) 933-2<br>Area Code Daytime                                       | 2426<br>e Telephone Number   |             |   |
| Enclosed is a check for th             | e following amount:                          |   | /  |             |   |
| ☐ \$25.00 Filing Fee                   | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | )           |   |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| EHC1210 LLC   |   |  | _                 |                         |
|---|---|--|-------------------|-------------------------|
| (Name of the Limited Liability Company<br>(A Florida Limited Lia  | as it now appears on our records.)<br>bility Company) |  | _                 |                         |
| The Articles of Organization for this Limited Liability Company we Florida document number <u>L23000 113301</u> . | ere filed on 03/03/202                                | 2 <u>3</u> and                         | assigne           | ;d                      |
| This amendment is submitted to amend the following:   |   |  |                   |                         |
| A. If amending name, enter the new name of the limited liabilit   | ty 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)   |   | -                                      | <del>-21</del>    |                         |
| -   |   |  | 20                |                         |
|   |   |  | <u></u>           | 11                      |
| Enter new mailing address, if applicable:   |   | <del></del>                            | <u> </u>          | <del></del> ; :         |
| (Mailing address MAY BE A POST OFFICE BOX)  |   | <del>,</del>                           | ===               | <u>::</u><br>(- <u></u> |
| _   |   |  | ਦ<br>— <b>⊝</b> — |                         |
|   |   | ri                                     | =                 |                         |
| B. If amending the registered agent and/or registered office ad-  | dress on our records, enter the na                    | me of the                              | new re            | <u>gistered</u>         |
| agent and/or the new registered office address here:  |   |  |                   |                         |
|   |   |  |                   |                         |
| Name of New Registered Agent:   | · · · · · · · · · · · · · · · · · · ·                 |  |                   |                         |
| New Registered Office Address:  |   |  |                   |                         |
|   | Enter Florida street address                          |  |                   |                         |
|   | , Florida _   | ·                                      |                   |                         |
|   | City  | Zip Co                                 | de                |                         |

## 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 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 **Type of Action** <u>Address</u> **Title** Name Marwen Chalghoumi 221 Crestrun Loop DAGE Leesburg FL 34748 PRemove \_\_\_\_\_ □Change AMBR Brianna Chalghoum. 221 Crestrun Loop Mas Leesburg FL 34748 | Remove \_ □Change . \_\_□Remøve \_ □Remove \_ Change ☐Remove □Change

□Add

Signature of a member or authorized representative of a member