10/25/24, 11:30 AM

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To:

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From:

Account Name : CYAN CONSULTANTS INC.

Account Number : I20180000074 Phone : (321)710-2030 Fax Number : (407)650-3216

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COVER LETTER

14076503216

TO: Registration 8 Division of Co		
SUBJECT: ELOAIII	NVESTMENTS LLC	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.
Please return all corresp	condence concerning this matter	to the following:
	FERNANDA DE CASSIA	A AGUIAR DOS SANTOS
		Name of Person
	ELOAH INVESTMENTS	LLC
		Firm Company
	14605 KNOLL RIDGE D	R
		Address
	TAMPA, FL 33625	
		City/State and Zip Code
	DOCUMENTS@CYANCI	NC.COM to be used for future annual report notification)
		·
For further information	concerning this matter, please c	
FERNANDA DE CAS	SIA AGUIAR DOS SANTOS	813 370-4192 at ()
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MailingAddro Registration Division of 0 P.O. Box 63 Tallahassee.	Section Corporations 27	StreetAddress: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

From, Cyan Consultants Inc.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024-10-25 15 35 15 GMT

ELOAH INVESTMENTS LLC			
(Name of the Limite	d Liability Compan A Florida Limited Li	y as it now appears on ou ability Company)	r regards.)
The Articles of Organization for this Limited Lia Florida document number <u>L23000162128</u>		were filed on _03/28/201	23 and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liabil	ity company here:	
NO CHANGE			
The new name must be distinguishable and contain the wo	rds "Limited Liabili	y Company." the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	NO CHANGE	
(Principal office address MUST BE A STREET	(ADDRESS)		
Enter new mailing address, if applicable:		NO CHANGE	
(Mailing address MAY BE A POST OFFICE B	(OX)		202
			0 .
			77.2
B. If amending the registered agent and/or re		ldress on our records	, enter the name of the new registere
agent and/or the new registered office address	<u>: nere</u> :		
Name of New Registered Agent:	NO CHANGE		STA III
			8
New Registered Office Address:		Enter Florida stret	et address
			, Florida
		City	Zip Code
New Registered Agent's Signature, if changing Ri	egistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete p tered agent as p egistered office a	performance of my du rovided for in Chapte	ities, and I am familiar with and r 605, 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:

14076503216

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	OSMANY PEREZ LOPEZ	14605 KNOLL RIDGE DR	□Add
		TAMPA, FL 33625	_
			□Change
AMBR			🗆 Add
			□Remove
			☐ Change
			Remove
			□Change
			Remove
			□Change
			□ Add
			□Remove
			□Change
			\ _Add
			Remove
			☐ Change

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

To:

				
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			<u> </u>	
Effective date, if other than the If an effective date is listed, the date must	date of filing:		(optional)	
If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ock does not meet the appli	cable statutory filing requi	90 days after filing.) Pursuant to rements, this date will not be) 605,0207 (3) Elisted as the
e record specifies a delayed effective rd is filed	date, but not an effective	time, at 12:01 a m on the	earlier of (b). The 90th day	after the
Dated	2024			
		norized representative of a me		_
1	Signature of a member or aut	norized representative of a me	imper	
FERNANDA DE CASS	IA AGUIAR DOS SANTO	os		
	Typed or prii	ted name of signee		_