## L23000345520

Office Use Only



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NUN:112#24 S. PRATHER

## **COVER LETTER**

| BIG CYPR<br>SUBJECT:        | ESS INTERNATIONAL RES                           | ORT & CLUB, LLC  |  |
|-----------------------------|---|--|--|
| SUBJECT:                    | Name of Lim                                     | ited Liability Company   |  |
| The enclosed Articles of    | Amendment and fee(s) are sub                    | mitted for filing.   |  |
| Please return all correspo  | ndence concerning this matter                   | to the following:  |  |
|                             | Eduardo Miranda                                 |  |  |
|                             | <del></del>                                     | Name of Person   | <del></del>  |
|                             | BIG CYPRESS INTERNA                             | TIONAL RESORT & CLUB, LLC  | 2  |
|                             |   | Firm/Company   | ·. <del></del>   |
|                             | 16201 Owasco Circle                             |  |  |
|                             |   | Address  |  |
|                             | Davie, FL 33331                                 |  |  |
|                             | <del></del>                                     | City/State and Zip Code  |  |
|                             | em@elisium.city                                 |  |  |
|                             |   | to be used for future annual report noti                         | fication)  |
| For further information c   | oncerning this matter, please of                | all:   |  |
| Eduardo Miranda             |   | 954 540-6421   |  |
| Name o                      | f Person  | at ()  | e Telephone Number   |
| Enclosed is a check for the | he following amount:                            |  |  |
| ■ \$25.00 Filing Fee        | ☐ \$30.00 Filing Fee &<br>Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres              | <u>ss:</u>                                      | Street Address:  |  |

Registration Section
Division of Corporations

Registration Section Division of Corporations

TO:

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## BIG CYPRESS INTERNATIONAL RESORT & CLUB, 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 Lia Florida document number L23000345520                                     |   | and assigned                          |
|--|---|---------------------------------------|
| This amendment is submitted to amend the follo   |   |                                       |
| A. If amending name, enter the new name of   | the limited liability company here:                                   |                                       |
| Elisium, LLC   |   | . <u></u>                             |
| The new name must be distinguishable and contain the we  | ords "Limited Liability Company," the designation                     | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica  | able:   |                                       |
| (Principal office address MUST BE A STREE  |   |                                       |
| Trincipal Office address MOST BE ATSTREE   | <del></del>   |                                       |
|  |   |                                       |
|  |   |                                       |
| Enter new mailing address, if applicable:  |   | <u> </u>                              |
| (Mailing address MAY BE A POST OFFICE I  | <u></u>   |                                       |
|  |   |                                       |
|  |   |                                       |
|  |   |                                       |
| B. If amending the registered agent and/or re  | egistered office address on our records                               |                                       |
| B. If amending the registered agent and/or reagent and/or the new registered office addres                                 | egistered office address on our records                               |                                       |
| B. If amending the registered agent and/or reagent and/or the new registered office address                                | egistered office address on our records                               |                                       |
| B. If amending the registered agent and/or re  | egistered office address on our records                               |                                       |
| B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent: | egistered office address on our records                               | , enter the name of the new regist    |
| B. If amending the registered agent and/or reagent and/or the new registered office address                                | egistered office address on our records                               | , enter the name of the new regist    |
| B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent: | registered office address on our records ss here:  Enter Florida stre | , enter the name of the new regis     |

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 |
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| ective date, if other than the effective date is listed, the date made: If the date inserted in this cument's effective date on the | block does not   | meet the applica   | to date of filing or mo<br>able statutory filing | (option<br>re than 90 days after f<br>requirements, this | iling.) Pursuant to 605. | .020<br>ed a |
| ecord specifies a delayed effect<br>is filed.   | ive date, but no | et an effective ti | me, at 12:01 a.m. o                              | n the earlier of: (b)                                    | The 90th day after       | r the        |
| May 8   |                  | 2024               |  |  |                          |              |
| ted   |                  |                    |  |  |                          |              |
| ted   |                  |                    | XL-  |  |                          |              |

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