7/11/24, 4:31 PM

Florida Department of State
Division of Corporations

Blectronic Fibing Cover Sheet

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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

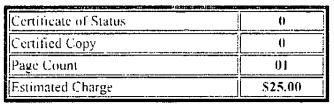
Account Name : ELO ENTERPRISES, INC

Account Number : 120150000109 Phone : (561)544-8862 Fax Number : (954)697-0130

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sales@eloenterprises.us

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NORTHMEN WATERPROOFING LLC



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T. LEMIEUX

Electronic Filing Menu Corporate Filing Menu

Help JUL 1 2 2024

To: 1 Sunbiz Emenda 6383 Page: 2 of 4 2024-07-11 20:34:05 GMT From: Lystei Chirica

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Comm</u> (A Florida Limited	ny as it now appears on our records. Liability Company)	,)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000496799</u>	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	, , ,	_
Enter new principal offices address, if applicable:	10775 SW 190th St #28	(D
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33157	152
Enter new mailing address, if applicable:	10775 SW 190th St #28	
(Mailing address MAY BE A POST OFFICE BON)	Miami, FL 33157	
		ω
B. If amending the registered agent and/or registered office	address on our records, <u>enter f</u>	he name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florula street address	
	, Flo	rida
	Cuy	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.

To: 1 Sunbiz Emend# 6383 Page: 3 of 4 2024-07-11 20:34:05 GMT From: Lyslei Chirico

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>	Name	<u>Address</u>	Type of Action
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			∏Remove
			LI Change
			□Add
			□Remove
			☐Change
			DbALL
			Remove
			UAdd
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Page: 4 of 4

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Note:	. It the date inserted in this b	lock does not meet tl	he applicable statut	ory filing requireme	nts, this date will not	be listed as th
docur	ment's effective date on the L	repartment of State's	records.			
he reco	ord specifies a delayed effectiv	ze date, but not an ei	Tective time, at 12:	01 a.m. on the earlie	r of: (b) The 90th di	ay after the
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		Suprature of a member	er or authorized repre	sentative of a member		

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