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## **COVER LETTER**

то:	Registration Se Division of Cor	ection rporations	•	
SUBJE	ELLIN L.L	C.		
SUBJE	.c.:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		PATLUKH, SERHII		
			Name of Person	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
				SEC SEC
			Firm/Company	
		8211 BORGIA		ETAR.
			Address	AM ASSI
		ORLANDO, FL 32836		2024 APR -1 AM 10: 51 SECRETARY OF STATE TALLAHLSSEE, FO
			City/State and Zip Code	——————————————————————————————————————
		tanyabogoslavskaya@gmai		
			to be used for future annual report noti	fication)
For furi	her information c	oncerning this matter, please c	all:	
PATLU	JKH, SERHII		407 485-1692 at ()	
	Name o	t Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25.00 Filing Fee			☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELLIN LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.  Ida Limited Liability Company)	)
The Articles of Organization for this Limited Liability	Company were filed on 03/04/2024	and assigned
Florida document number L24000109908		
This amendment is submitted to amend the following:		2024 A
A. If amending name, enter the new name of the li	mited liability company here:	PR -1
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "EL.C."
Enter new principal offices address, if applicable:		FF 6
(Principal office address MUST BE A STREET ADI	ORESS)	- H 0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter th</u> :	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<del></del>
	. Flor	rida
	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 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	Address	Type of Action
MGR	PATLUKH, SERHII	8211 BORGIA	_ <b>=</b> Adđ
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