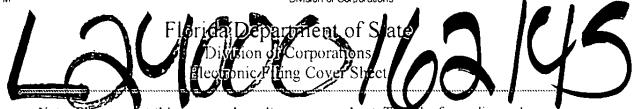
Division of Corporations



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.

(((H24000233380 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLOJO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. LEMIEUX

Electronic Filing Menu — Corporate Filing Menu —

HUBL 1 0 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CLOJO, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed	on 04/04/2024 and assigned
Florida document number L24000162145	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability compa	any here:
ELONOVA, LLC	
he 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)	
	<u> </u>
24 25 21 25 26 27 11 2	- " 1
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	= :11
3. If amending the registered agent and/or registered office address on gent and/or the new registered office address here:	our records, <u>enter the name of the new region</u>
Name of New Registered Agent:	
New Registered Office Address:	
En	ter Florida street address
	Florida
Сир	Zip Code

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.

It 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	Mem ber

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
•			□Remove
			DChange
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			©Change
			□Add
			□Remove
			DChange
			🗆 Add
			□Remove
For Andr HU	2.1000233380-3		□Change

Fax Audit #H24000233380 3

•					***************************************			
•			,					
-				• 11				·
-						···		
-								· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·		·			***************************************
-			·					
					L .F			
•								
-		***						
-		<u> </u>				·-·		
-		·						
-						<u></u>		
-				. .		· · · · · · · · · · · · · · · · · · ·		
								-
ote:	If the date inse	her than the dat ted, the date must be erted in this block date on the Depar	does not me	eet the appli	cable statutor	ng or more than 9 y filing require	(optional) 0 days after filing ements, this date) Derivation to 605.02 will not be listed.
recor l is til		elayed effective da	te, but not a	nn effective (time, at 12:01	a.m. on the ca	rlier of: (b) T	ne 90th day after th
ated	July 9th		 ,	2024	······································			
		Brak	ا منتم					
								
		Sign	nature of a m	ember or auti	iorized represe	mative of a men	ber	