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(Document Number)
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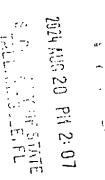
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## **COVER LETTER**

ΓΟ: Registration Division of C	Section Corporations
BASMA	
SUBJECT:	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	SILVIA VILA
	Name of Person
	ELAN BUSINESS SERVICES, CORP
	Firm/Company
	1116 CEDAR FALLS DR
	Address
	WESTON, FL 33327
	City/State and Zip Code
	SVILA@ELANSERVICE.COM
	E-mail address: (to be used for future annual report notification)
For further information	n concerning this matter, please call:
SILVIA VILA	954 217-6080 at ( )
Nan	at () ne of Person
Enclosed is a check fo	or the following amount:
■ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on ot Liability Company)	ar records.)
The Articles of Organization for this Limited Liability Company lorida document number L24000168177	were filed on 04/09/202	24 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1116 CEDAR FALLS	DR
Principal office address MUST BE A STREET ADDRESS)	WESTON, FL 33327	
Enter new mailing address, if applicable:	1116 CEDAR FALLS	DR
Mailing address MAY BE A POST OFFICE BOX)	WESTON, FL 33327	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, enter the name of the new reg
Name of New Registered Agent:		<u>-</u>
New Registered Office Address:		
	Enter Florida stre	ret address
	City	Florida 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>	<u>Name</u>	Address	Type of Action
MGR	MASSERA, TOMAS C	1116 CEDAR FALLS DR	
		WESTON, FL 33327 UN	
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			□Change

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Affective date, if other than the d fan effective date is listed, the date must b	ne specific and cannot be pri-	or to date of filing or more	(option than 90 days after file		605.0207
Note: If the date inserted in this bloc document's effective date on the Dep			requirements, this d	ate will not be	e listed as
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record specifies a delayed effective (	date, but not an effective	time at 12:01 a.m. on	the earlier of th	The Out day	
d is filed.	nate, our not an effective	time, at 12.01 a.m. on	the earner or. (b)	The soni gay	aner me
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Dated AUGUST 12	•	•			. **.
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