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## **COVER LETTER**

Division of Corp				
ELADCONG	ORTHPORT LLC			
SUBJECT:				
	Name of Lim	ited Liability Company		
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	YIFTACH ILYOV			
		Name of Person		
		Firm/Company	<del></del>	_ <del>.</del>
	306 E TYLER ST			
		Address		
	TAMPA FL 33602			
	JEFF@HADORABA.COM	City/State and Zip Code		<del></del>
	E-mail address: (	to be used for future annual	report notificati	on)
For further information co	ncerning this matter, please c	all:		
YIFTACH ILYOV		323 38	3-3347	
Name of	Duran	at ()	Day (for a 17 a)	lephone Number
Name (i	reison	Area Code	Daytime Tel	epnone Number
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>{</u>	Street A	<u>ddress:</u>	

Registration Section Division of Corporations 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

(Name of the Limited Linkiller Comme		1
(Name of the Limited Liability Compa (A Florida Limited I	nability Company)	.1
The Articles of Organization for this Limited Liability Company Florida document number 1.24000211712	were filed on	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 Liabil	ity 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)		20
		<del></del>
		·>> •>>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<del></del>
		' ယ
		GT
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter t</u>	he name of the new reg
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flo	rida
<del></del>	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>	<u>Name</u>	Address	Type of Action
MGR	YIFTACH ILYOV	306 E TYLER ST	
	<del></del>		□Add
		TAMPA FL 33602	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		306 ETYLER ST	
			□Change
MGR	RONEN MONTYANO	TAMPA FL 33602	
			□Remove
			□Change
AMBR	ONE OAK CAPITAL LLC	306 E TYLER ST	
		TAMPA FL 33602	UAGU
			■Remove
A A (131)	STARS & STRIPES GROUP LLC	And LUCAU DIS CO	
AMBR	STARS & STRICES CROOT LAC	306 E TYLER ST	<b>≣</b> Add
		TAMPA FL 33602	
			□Remove
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ective date, if other than effective date is listed, the date			date of filing or more	than 90 days after fil	
e: If the date inserted in thi	s block does not r	meet the applicabl	e statutory filing re	equirements, this d	ate will not be listed
ument's effective date on th	e Department of a	state's records.			
cord specifies a delayed effe	ctive date, but no	t an effective time	eat 12:01 a.m. on	he earlier of: (b)	The 90th day after th
filed.	enve date, out not	t an enecuve time	, at 12.01 a.m. on	ine carrier or. (b)	The John day latter in
08/15		2024			
ed			. ()		
	Signature of a	member or authoriz	ed representative of	a member	