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Up.

COVER LETTER

Division of Corpor	rations			
SUBJECT:	FLA EL	LAS LLC ited Liability Company	<u> </u>	
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Nicho	las Merisioto	(S	
	FLA	ELLAS CCC Firm/Company		
	1013 fairf	Fax Cir W Address	2024 I SECF TA	
	Boynt Nic	City/State and Zip Code	SECRETARY OF STATE TALLAHASSEE, FL	
For further information conc	E-mail address: (to be used for future annual report holif	F STATE EE. FL	
Nicholas /		at (<u>SGL</u>) <u>603</u> Area Code Daytime		
Enclosed is a check for the f	following amount:			
X \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60,00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailino Address:		Stroot Address		

TO:

Registration Section

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

FLA ELL	AS	LLC	_	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	<u>y as it now app</u> o ability Company	ears on our reco ')	<u>rds.</u>)	
The Articles of Organization for this Limited Liability Company v Florida document number	vere filed on _	10/29	$\sqrt{2024}$ and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company	here:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," th	e designation "LI	C" or the abbreviation "L.l	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				~
				924
			.LAI	
Enter new mailing address, if applicable:				-
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
			SITA C	<u> </u>
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ldress on our	records, <u>ente</u>	er the name of the new	`
Name of New Registered Agent:				
New Registered Office Address:				
	Enter F	lorida street addr	EVV	
		F	Florida	
	Сіџ		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance in ovided for in	of my duties, a Chapter 605	and I am familiar with 5, F.S. Or, if this docu	h and ment is

If 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 Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Nicholas Merisioti	5 1013 fairfax Cir W	LAdd
		5 1013 fairfax Cir W Boynton Beach	FC 33436
			□Change
			
			□Remove
			SECRETARY OF STATE
			HARSE T
			FINE 26
			□ Change
			□Remove
			□Change
			Jadd
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		: 26 FATE	, er 44
		-	
Effective	date, if other than the date of filing: (option	ıal)	
(If an effecti	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fil the date inserted in this block does not meet the applicable statutory filing requirements, this d	ling.) Pursuant to 605,020	
document	's effective date on the Department of State's records.		
he record spord is	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the	:
Dated	11/1/2029		
	Mousour	3 6	
	Signature of a mornber or authorized representative of a member Nicholas Mevisiotis		
	Nicholas Merisiotis		