I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROLINE ELISTIN

Electronic Signature of Signing Authorized Person(s) Detail

MIAMI, FL 33169 **Current Mailing Address:**

Entity Name: ELISTIN ENTERPRISES, LLC

Current Principal Place of Business:

744 NW 206TH TER MIAMI. FL 33169 US

744 NW 206TH TER

DOCUMENT# L17000166870

FEI Number: 82-1114827

Name and Address of Current Registered Agent:

ELISTIN, CAROLINE S 744 NW 206TH TER MIAMI, FL 33169 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

| SIGNATURE | CAROLINE S ELISTIN | | 05/01/2021 | | |
|-------------------------------|--|-----------------|------------------|------|--|
| | Electronic Signature of Registered Agent | | | Date | |
| Authorized Person(s) Detail : | | | | | |
| Title | MGRM, PRESIDENT | Title | PRESIDENT | | |
| Name | ELISTIN, CAROLINE | Name | ELISTIN, KENY | | |
| Address | 744 NW 206TH TER | Address | 744 NW 206TH TER | | |
| City-State-Zip: | MIAMI FL 33169 | City-State-Zip: | MIAMI FL 33169 | | |

Certificate of Status Desired: No

FILED May 01, 2021 Secretary of State 5191528428CC

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

05/01/2021

Date

PRESIDENT, MANAGER