

09/02/18 10:08:32 : From: Transamerica Co To: 8506173883 2394157473

# L12000152625

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

(((H18000259712 3)))



H: 80002597123ABC2

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 : TRANSAMERICA ACCOUNTING & SERVICES INC  
Account Number : I20090000046  
Phone : (239)274-8290  
Fax Number : (239)415-7373

2/10/18 5:05 AM 8:22

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

Email Address: Transamerica\_acct@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ELMON BURTON, LLC

T. CLINE  
SEP - 7 2018  
EXAMINER

RECEIVED  
SEP 06 2018

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELMON BURTON, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/01/2013 and assigned Florida document number L12000152625

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

23  
24  
25  
26

The 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:

11519 CHARLIES TER

(Principal office address MUST BE A STREET ADDRESS)

FORT MYERS, FL 33907

Enter new mailing address, if applicable:

11519 CHARLIES TER

(Mailing address MAY BE A POST OFFICE BOX)

FORT MYERS, FL 33907

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 Changing Registered Agent, Signature of New Registered Agent

As an 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>	<u>Address</u>	<u>Type of Action</u>
MGR	EDSON F. DE SOUZA JR	11519 CHARLIES TER	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33907	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUCIANO H. MOREIRA	11519 CHARLIES TER	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33907	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

