

L16000075481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

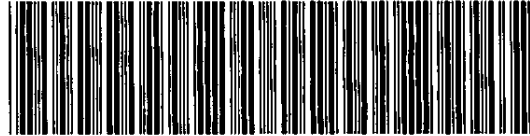
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 22 2016  
J BRUCE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

Elixys Capital LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLEMENT DESOLNEUX

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

3804 SWEETLEAF CT

\_\_\_\_\_  
Address

BRANDON FL 33511

\_\_\_\_\_  
City/State and Zip Code

clement.desolneux@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Arthur de Barrau

954 2897223

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ELIXYS CAPITAL 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 Sunbiz and assigned  
Florida document number L16000075481

This amendment is submitted to amend the following:

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

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:**

3804 SWEETLEAF CT BRANDON, FL 33511

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

3804 SWEETLEAF CT BRANDON, FL 33511

**(Mailing address MAY BE A POST OFFICE BOX)**

**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**

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>          | <u>Address</u>           | <u>Type of Action</u>                   |
|--------------|----------------------|--------------------------|-----------------------------------------|
| MGR          | Valerie de Barrau    | 3804 Sweetleaf ct        | <input checked="" type="checkbox"/> Add |
|              |                      | Brandon FL 33511         | <input type="checkbox"/> Remove         |
|              |                      |                          | <input type="checkbox"/> Change         |
| MGR          | Apia Investments LLC | 2033 NE 14 TH ST         | <input checked="" type="checkbox"/> Add |
|              |                      | Fort Lauderdale 33304 FL | <input type="checkbox"/> Remove         |
|              |                      |                          | <input type="checkbox"/> Change         |
| MGR          | Domoy Investments    | 1431 NE 56 CT            | <input checked="" type="checkbox"/> Add |
|              |                      | Fort Lauderdale 33334 FL | <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         |

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TALLAHASSEE, FLORIDA

2016 JUL 21 A 10:54  
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TALLAHASSEE, FLORIDA

2016 JUL 21 A 10:54  
STENDER TO TALLAHASSEE, FLORIDA

SECRET

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated July 7th, 2016



Typed or printed name of signee