L16000005625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/01/16--01003--022 **52.50

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2016 NOV 21 PM 12:37
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TALLAHASSEE, FLORIDA

K. SALY
NOV 23 2016

KS

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2016

RECEIVED
2016 NOV 21 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ELGY, LLC
ELIZABETH ZSAKAY
31 BUNKER VIEW DR.
PALM COAST, FL 32137

SUBJECT: CMV PERMITS, LLC
Ref. Number: L16000005625

We have received your document for CMV PERMITS, LLC and your check(s) totaling $52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

*** Note difference in fees

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 816A00023679

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CMV Permits, LLC
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:

Elizabeth Zsakay
Name of Person

ELGY, LLC
Firm/Company

31 Bunker View Dr
Address

Palm Coast, Fl 32137
City/State and Zip Code

elgy@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Zsakay at (386) 503-3411
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee

☐ $30.00 Filing Fee & Certificate of Status

☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)

☑ $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

PD $52.50 Balance Due $7.50

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CMV Permits, 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 11/4/2016 and assigned Florida document number L16000005625.

This amendment is submitted to amend the following:

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

ELGY, LLC

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:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(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: Elizabeth Zsakay

New Registered Office Address: 31 Bunker View Dr
Enter Florida street address

Palm Coast, **Florida** 32137
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.

Elizabeth Zsakay
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

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TALLAHASSEE, FLORIDA

Title	Name	Address	Type of Action
P	Elizabeth Ditton		☐ Add
			☒ Remove
			☐ Change
P	Elizabeth Zsakay	31 Bunker View Dr	☒ Add
		Palm Coast Fl 32137	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 11/18/2016, _____.

Elizabeth Zakay
Signature of a member or authorized representative of a member

Elizabeth Zsakay
Typed or printed name of signee

Filing Fee: $25.00