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FILED
MAY 24 2019
FALL ARIZONA

2019 MAY 24 P 1:30

FILED

JUN 19 2019
T. LEVEUX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ELIAS PAINTING AND MAINTENANCE ,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:

MODESTO PAUL ELIAS

Name of Person

ELIAS PAINTING AND MAINTENANCE ,LLC.

Firm/Company

10311 SW 212 ST

Address

MIAMI , FLORIDA 33189

City/State and Zip Code

CHDCAKES@GMAIL.COM

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

For further information concerning this matter, please call:

MARGARITA MUNOZ

305 323-7830
at ()

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)

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**

ELIAS PAINTING AND MAINTENANCE, LLC.

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

FILED

2019 MAY 24 P 1:30

The Articles of Organization for this Limited Liability Company were filed on 02/06/2003 and assigned
Florida document number L03000005185

TALLAHASSEE, FLORIDA

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:

(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:

MODESTO PAUL ELIAS

New Registered Office Address:

10311 SW 212 ST

Enter Florida street address

MIAM

City

Florida 33189

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>
AMBR	MODESTO PAUL ELIAS	10311 SW 212 ST MIAMI ,FL.33189	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMGR	MARGARITA MUNOZ	10311 SW 212 ST MIAMI FL.33189	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ALEXIS CRUZ RODRIGUEZ	2150 W 60TH ST #11103 HIALEAH ,FL.33016	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

J. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
REMOVE CHANGE OF REGISTERED AGENT NAME & ADDRESS WRONG FORM SUBMITTED
FOR -ALEXIS CRUZ RODRIGUEZ
ADD AUTHORIZED PERSON -MGR. -ALEXIS CRUZ RODRIGUEZ (MGR)

05/01/2019

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 MAY 22, 2019



signature of a member or authorized representative of a member

MARGARITA MUNOZ

Typed or printed name of signee