

MAR. 30. 2015 2:03PM

JONES FOSTER 561 650 0425

NO. 675 P. 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H15000079030 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.  
Account Number : 076077003231  
Phone : (561)650-0471  
Fax Number : (561)650-5300

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

Email Address: jfservice@jones-foster.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ELFERS ENTERPRISES HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
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MAR 31 2015

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MAR. 30. 2015 2:03PM

JONES FOSTER 561 650 0435

NO. 3675 P. 2

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ELFERS ENTERPRISES HOLDINGS, 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:

THORNTON M. HENRY, ESQ.

Name of Person

JONES FOSTER JOHNSTON & STUBBS PA

Firm/Company

505 SOUTH FLAGLER DRIVE, SUITE 1100

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

JFSERVICE@JONESFOSTER.COM

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

FILED  
15 MAR 30 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

THORNTON M. HENRY

Name of Person

561 at ( )

Area Code

659-3000

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**

**ELFERS ENTERPRISES HOLDINGS, 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 January 5, 2005 and assigned Florida document number L05000001457.

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 end with 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:

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

MAR. 30. 2015 2:04PM

JONES FOSTER 561 650 0435

NO. 3675 P. 4

**If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
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_____	_____	_____	<input type="checkbox"/> Remove
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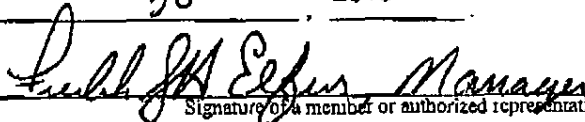
_____	_____	_____	<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Article IV is hereby amended to read as follows:

ARTICLE IV, Management. The Limited Liability Company is manager-  
managed.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)Dated March 30, 2015

Signature of a member or authorized representative of a member

Fredrick J.H. Elfers, Manager

Typed or printed name of signer

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