

L05000091803

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : THE ELIAS LAW FIRM, PLLC
Account Number : I20090000055
Phone : (305)823-2300
Fax Number : (305)823-3429

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

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ELSA, L.L.C.

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TALLAHASSEE, FLORIDA

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T. HAMPTON

4/30/2014 10:56 AM

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ELSA, L.L.C.

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:

Damaris Pereira, Esq.

Name of Person

The Elias Law Firm, PLLC

Firm/Company

15500 New Barn Road, Suite 104

Address

Miami Lakes, FL 33014

City/State and Zip Code

dpereira@eliaslaw.net

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

For further information concerning this matter, please call:

Damaris Pereira

Name of Person

at **(305) 823-2300**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
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\$55.00 Filing Fee &
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\$60.00 Filing Fee,
Certificate of Status &
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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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELSA, L.L.C.

(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 09/19/05 and assigned Florida document number L05000091803

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)

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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: Cristina Sori

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.

Cristina Sori

If Changing Registered Agent, Signature of New Registered Agent

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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>
MGRM	Eduardo Sosa		<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Cristina Sori		<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Cristina Sori	3499 West 4th Avenue Suite 201 Hialeah, FL 33012	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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 April 30, 2014

Cristina Sori

Signature of a member or authorized representative of a member

Cristina Sori, Manager

Typed or printed name of signee

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