

L06 0000025963 ✓

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SECURITY STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
OCT 24 2011  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ELTON MIRFAK 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:

THOMAS GENECCO

Name of Person

Firm/Company

4100 NORTH RAULONGORIA RD

Address

SAN JUAN, TX 78589

City/State and Zip Code

tgenecco@eltonmirfak.com

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

For further information concerning this matter, please call.

TOM GENECCO

Name of Person

at ( 956 )

782-8341

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

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

**ELTON MIRFAK 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 3/10/06 and assigned  
Florida document number L06000025963.

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 "LLC."

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*

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TALLAHASSEE, FLORIDA

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GENECCO, FRANK	3824 EAST LAKE ROAD CANANDAIGUA, NY 14424	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	TIRABASSI, TIMOTHY	11 DEVONWOOD LANE PITTSFORD, NY 14534	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GENECCO, LEO	408 BRADFORD PARKWAY SYRACUSE, NY 13324	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GENECCO, THOMAS	4100 NORTH RAUL LONGORIA RD. SAN JUAN, TX 78589	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	GENECCO, DAVID	3824 EAST LAKE ROAD CANANDAIGUA, NY 14424	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

10/20/2011

2011



Signature of a member or authorized representative of a member

THOMAS GENECCO

Typed or printed name of signee

STATE OF FLORIDA  
TALLAHASSEE

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