

L07000113593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700131386267

06/19/08--01034--008 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUN 19 PM 1:12

J. BRYAN

JUN 20 2008

EXAMINER

MyCorporation
From the makers of QuikBooks

26520 Agoura Road
Calabasas, CA 91302

Toll Free: 1-888-692-6771

Direct/Intl: 1-818-879-9079 | Fax: 1-818-879-8005
e-mail: info@mycorporation.com

June 5, 2008

Florida Dept. of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
08 JUN 19 PM 1:12

Re: Amendment: EFLOW LLC

Ladies and Gentlemen:

Please find enclosed for filing two signed originals of the Articles of Amendment for the above-referenced entity.

Also enclosed is a check for \$25.00 as the appropriate filing fee.

Please return all final documentation to the undersigned.

Thank you very much for your assistance.

Sincerely,

Post-Formation Filings
My Corporation Business Services, Inc.
26520 Agoura Rd.
Calabasas, CA 91302

**PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO
THE POST FORMATIONS DEPARTMENT AT 888-692-6771.**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EFLOW 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:

Post Formation Filings

(Name of Person)

MyCorporation

(Firm/Company)

26520 Agoura Road

(Address)

Calabasas, CA 91302

(City/State and Zip Code)

For further information concerning this matter, please call:

Post Formations

(Name of Person)

at (818) 879-9079

(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

FILED-STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
08 JUN 19 PM 1:12

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

EFLOW 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 11/09/2007 and assigned
Florida document number L07000113593.

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."

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 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>
MGRM	David Filer	540 Carillon Parkway, #1033 St. Petersburg, Florida 33716	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Vishal Patel	3003 Barnhard Way., #117 Tampa, Florida 33163	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Anita Kellogg	1188 Mission Circle Clearwater, Florida 33759	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Holly Filer	540 Carillon Parkway, #1033 St. Petersburg, Florida 33716	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Mark McFawn	1511 San Marco Dr., #108 Ormond Beach, Florida 32174	<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 6/11/04, _____

Signature of a member or authorized representative of a member

Joel Ohman, MGRM

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUN 19 PM 1:12