

L09000105292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

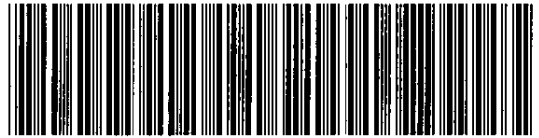
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FILED
2010 JAN 25 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JAN 26 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 6, 2010

MARIA P. ELIAS
ELIAS BROTHERS GROUP CONTRACTING, LLC
3570 ENTERPRISE AVE., STE. 100
NAPLES, FL 34104

SUBJECT: ELIAS BROTHERS GROUP CONSTRUCTION TWO, LLC
Ref. Number: L09000105292

We have received your document for ELIAS BROTHERS GROUP CONSTRUCTION TWO, LLC and check(s) totaling \$52.50 of which \$52.50 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$7.50 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 210A00000328

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elias Brothers Group Construction Two, 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:

Maria P. Elias

Name of Person

Elias Brothers Group Contracting LLC

Firm/Company

3570 Enterprise Avenue Suite 100

Address

Naples, Florida 34104

City/State and Zip Code

maria.elias@elias-brothers.com

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

For further information concerning this matter, please call:

Maria P. Elias

Name of Person

at (239) 643-1624 x102

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

FILED

2010 JAN 25 AM 8:46

Elin Brothers Group Construction Two, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Nov 2, 2009 and assigned
Florida document number L09000105292.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Elin Brothers Group Contracting, LLC

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)

3570 Enterprise Avenue

Suite 100

Neples, Florida 34104

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

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>
			<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

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

Dated _____, _____

Maria P. Elias

Signature of a member or authorized representative of a member

Maria P Elias

Typed or printed name of signee

FILED
2010 JAN 25 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA