

L10000079970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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11 OCT 27 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 28 2011

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ELEOPAC DISTRIBUTION 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:

KEN SMYTH

Name of Person

ELEOPAC DISTRIBUTION LLC

Firm/Company

11622 PYRAMID DRIVE UNIT 2

Address

ODESSA, FL 33556

City/State and Zip Code

KEN@OLVIL.COM

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

For further information concerning this matter, please call:

MERLIN LEDYARD

Name of Person

at 727 869-3544

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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**

ELEOPAC DISTRIBUTION 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 JULY 30/2010 and assigned Florida document number L10000079970.

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**)

11622 PYRAMID DRIVE UNIT 2  
ODESSA, FL 33556

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

11622 PYRAMID DRIVE UNIT 2  
ODESSA, FL 33556

**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

**FILED**  
1 OCT 27 AM 11:01  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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>
MANAGER	LAWRENCE GLAZER	11330 STONEYBROOK PATH NEW PORT RICHEY, FL 34668	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MANAGER	ERIK NELSON	4731 BEACON HILL DRIVE NEW PORT RICHEY, FL 34652	<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

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

Dated OCTOBER 3, 2011

Signature of a member or authorized representative of a member

KEN SMYTH

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 OCT 27 AM 11:01

FILED