

L13000026182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

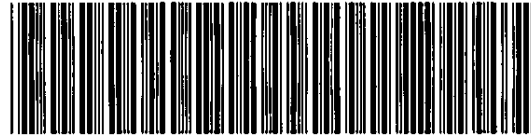
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 JUN -2 PM 12:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

N. G. JUN - 9 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ELITECO 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:

PATRICK FARRELL

Name of Person

ELITECO LLC

Firm/Company

400 TURTLE RUN DR. APT 104

Address

SEBASTIAN FL 32958

City/State and Zip Code

PATRICK.FARRELL.BM@GMAIL.COM

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

For further information concerning this matter, please call:

PATRICK FARRELL at **321** **266-4766**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

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

Page 1 of 3

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 | PATRICK FARRELL | 400 TURTLE RUN DR. APT 104 | <input type="checkbox"/> Add |
| | | SEBASTIAN, FL. 32958 | <input type="checkbox"/> Remove |
| | | | |
| MGRM | KAYLA FARRELL | 400 TURTLE RUN DR. APT 104 | <input checked="" type="checkbox"/> Add |
| | | SEBASTIAN, FL. 32958 | <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.)*

PLEASE ADD OUR FEIN NUMBER. FEIN: 46-2168735

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 5-28, 2014.



Signature of a member or authorized representative of a member

PATRICK FARRELL

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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