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AMERICAENVIA

Division of Corporations

L130000053603

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H13000166105 3)))



H130001661053ABCK

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC  
Account Number : 120100000043  
Phone : (305) 397-8553  
Fax Number : (305) 397-8521

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***  
Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ELIM.VI LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

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DIVISION OF CORPORATIONS

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T. HAMPTON

7/25/2013

## COVER LETTER

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TO: Registration Section  
Division of Corporations

SUBJECT: **ELIM.VI 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:

**LESVIA SIERRA**

Name of Person

**ELIM.VI LLC**

Firm/Company

**6498 COLLINS AVE**

Address

**MIAMI BEACH, FL 33141**

City/State and Zip Code

**sierrales73@yahoo.es**

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

For further information concerning this matter, please call:

**LESVIA SIERRA**

Name of Person

**786 354-8785**

at (

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**

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ELIM.VI 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 04/11/2013

and assigned

Florida document number L13000053603

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DIVISION OF CORPORATIONS  
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This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**ELIM. VI, 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)

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:**

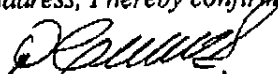
Name of New Registered Agent:

PAGIO'S & ASSOCIATES, LLC

New Registered Office Address:

1040 71ST STREET, STE 103*Enter Florida street address*MIAMI BEACH*City*Florida 33141*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: H13000166105 3

MGR = Manager

MGRM = Managing Member

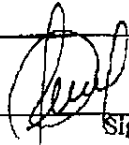
| <u>Title</u> | <u>Name</u>            | <u>Address</u>                  | <u>Type of Action</u>                      |
|--------------|------------------------|---------------------------------|--|
| <u>M</u>     | <u>ALEXIS CALVACHE</u> | <u>6498 COLLINS AVE, APT 38</u> | <input type="checkbox"/> Add               |
|              |                        | <u>MIAMI BEACH, FL 33141</u>    | <input checked="" type="checkbox"/> Remove |
| <u>MGR</u>   | <u>ALEXIS CALVACHE</u> | <u>6498 COLLINS AVE, APT 38</u> | <input checked="" type="checkbox"/> Add    |
|              |                        | <u>MIAMI BEACH, FL 33141</u>    | <input type="checkbox"/> Remove            |
| <u>M</u>     | <u>ISABEL CALVACHE</u> | <u>6498 COLLINS AVE, APT 38</u> | <input type="checkbox"/> Add               |
|              |                        | <u>MIAMI BEACH, FL 33141</u>    | <input checked="" type="checkbox"/> Remove |
| <u>MGR</u>   | <u>ISABEL CALVACHE</u> | <u>6498 COLLINS AVE, APT 38</u> | <input checked="" type="checkbox"/> Add    |
|              |                        | <u>MIAMI BEACH, FL 33141</u>    | <input type="checkbox"/> Remove            |
| <u>M</u>     | <u>JOSUE' CALVACHE</u> | <u>6498 COLLINS AVE, APT 38</u> | <input type="checkbox"/> Add               |
|              |                        | <u>MIAMI BEACH, FL 33141</u>    | <input checked="" type="checkbox"/> Remove |
|              |                        |                                 |  |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) H13800166105 3

PLEASE INSERT THE FEIN/EIN OF COMPANY: 90-0986202

Dated JULY 24, 2013



Signature of a member or authorized representative of a member

LESVIA SIERRA

Typed or printed name of signee

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Filing Fee: \$25.00

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