# 13000080723

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

: Hd 81 NNF 6182

# **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: EL SALI SUPER FUND 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:

MARIE B. CODE, ESQ.

Name of Person

Firm/Company

1308 SW 27th Terrace

Address

Cape Coral, FL 33914

City/State and Zip Code

marie@marieesquire.com

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

For further information concerning this matter, please call:

Marie B. Code, Esq.

239<sub>3</sub>541-1517

Name of Person

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 2013 JUN 18 PM 1: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

### EL SALI SUPER FUND 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	ty Company were filed on June 4, 2013	and assigned		
Florida document number L13000080723	·			
This amendment is submitted to amend the following	<u>2</u> :			
A. If amending name, enter the new name of the	limited liability company here:			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the desig	gnation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AL	ODRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	2			
·				
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, address here:	enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		orida		
	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 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>	Type of Action
MGRM	Joshua Bong	8961 Conference Dr., Ste.	2
		Fort Myers, FL 33919	Remove
MGR	Joshua Bong	8961 Conference Dr., Ste.	2
		Fort Myers, FL 33919	Remove
			Add
			Remove
			Add
			Remove
			Remove
			Remove
			_

). If amending	any other informat	tion, enter change(s) here	e: (Attach additional sheets, if necessary.)
•			
	_		
<sub>ated</sub> June	14		
		Marie B	ade
		,	rized representative of a member
M	larie B. Code,	Esq.	

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2019 JUN 18 PM 1: 3;
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SECRETARY OF FLORID