

L17000149109

(Requestor's Name)

(Address)

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PICK-UP

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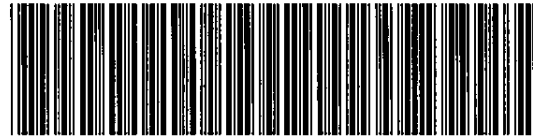
(Business Entity Name)

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S. J. ...
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Elliot Rivera 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:

Elliot Rivera
Name of Person
Elliot Rivera LLC
Firm/Company
1012 North Highland Blvd
Address
Kissimmee FL 34741
City/State and Zip Code
asi.elliott@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elliot Rivera at (407) 223-6517
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

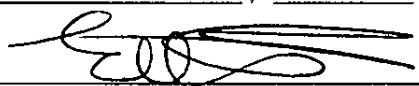
STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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 07/15/14 _____



Signature of a member or authorized representative of a member

Elliot R. Weep

Typed or printed name of signee

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STATE
OF FLORIDA
DEPARTMENT OF STATE