

L14 000003879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

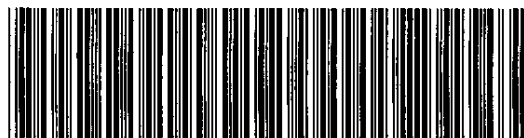
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV - 4 2014

T CLINE

enitia corporation

EMPOWERING AMERICA'S ENTREPRENEURS

enitia corporation

p.o. box 495

dexter, mi 48130

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

October 29, 2014

Re: Elite Remodeling & Residential LLC

Dear Sir or Madam:

Enitia Corporation has been authorized by Leodan Pupo to file the enclosed Amendment for Elite Remodeling & Residential LLC. Enitia Corporation is acting only as the Incorporator.

If you need any additional information, you can reach us at

1-877-281-6496 (toll free)
documents@directincorporation.com

We have enclosed an additional \$5.00 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,

Ed Stahlin
Enitia Corporation

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ELITE REMODELING & RESIDENTIAL 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:

Edward Stahlin

Name of Person

Direct Incorporation

Firm/Company

123 N ASHLEY ST STE 123

Address

Ann Arbor, MI 48104

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at (_____) _____
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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

2014 NOV -3 AM 10:59

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ELITE REMODELING & RESIDENTIAL 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 01/08/2014 and assigned

Florida document number L14000003879

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)

5400 26th St. W., Apt P 271

Badenton, FL 34207

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5400 26th St. W., Apt P 271

Badenton, FL 34207

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:

Leodan Pupo

New Registered Office Address:

5400 26th St. W., Apt P 271

Enter Florida street address

Badenton

Florida 34207

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 605, 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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

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	LAZARO PUPO CARRALER	711 59TH AVE E B	<input type="checkbox"/> Add
		BRADENTON, FL 34203	<input checked="" type="checkbox"/> Remove
MGRM	Leodan Pupo	711 59TH AVE E B	<input type="checkbox"/> Add
		BRADENTON, FL 34203	<input checked="" type="checkbox"/> Remove
AMBR	Leodan Pupo	5400 26th St. W., Apt P 271	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34207	<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

2014 NOV 10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 AM: 59

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)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated October 28, 2014

Signature of a member or authorized representative of a member
Leodan Pupo, Member
Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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JAIL KHASSEF, REC-0117

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

A NEW PARTNER WITH 10% PARTICIPATION.

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 OCTOBER 27, 2014

Signature of a member or authorized representative of a member

VICENTE MEMOLI

Typed or printed name of signee

2014 NOV -3 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA