

L14000028050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2017 AUG -3 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D BRUCE
AUG 07 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2017

VICTORIA HOPPS
3005 E CARACAS STREET
TAMPA, FL 33610

SUBJECT: ERIANOILLIM WEALTH LLC
Ref. Number: L14000028050

RECEIVED
2017 AUG -4 PM 12:18
DIVISION OF CORPORATIONS

We have received your document for ERIANOILLIM WEALTH LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist III

Letter Number: 717A00015225

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TALLAHASSEE, FLORIDA

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\$7.50 enclosed to total \$60.00

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ERIANOILLIM WEALTH 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:

VICTORIA HOPPS

Name of Person

ERIANOILLIM WEALTH LLC

Firm/Company

3005 E CARACAS STREET

Address

TAMPA, FL 33610

City/State and Zip Code

erianoillimwealthllc@gmail.com

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

For further information concerning this matter, please call:

VICTORIA HOPPS

813

484-7604

at ()

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

2011 AUG -3 P 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ERIANOILLIM WEALTH 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 02/09/2014 and assigned
Florida document number 1.14000028050.

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 contain 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:

New Registered Office Address:

Enter Florida street address

City

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	VICTORIA HOPPS	3005 E CARACAS STREET	<input type="checkbox"/> Add
		TAMPA, FL 33610	<input type="checkbox"/> Remove
		Please change MGR Victoria Hopps to President	<input checked="" type="checkbox"/> Change
PRES	VINTORIA HOPPS	3005 E CARACAS STREET	<input type="checkbox"/> Add
		TAMPA, FL 33610	<input type="checkbox"/> Remove
		Please change Pres Vintoria Hopps to Manager	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please amend currently listed MGR Victoria Hopps to President with 80% ownership.

Please amend currently listed PRES Vintoria Hopps to MGR with 20% ownership.

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TALLAHASSEE FLORIDA

July 3, 2017

E. Effective date, if other than the date of filing: _____ **(optional)**

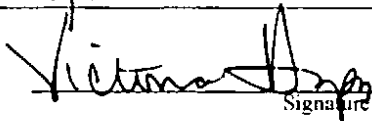
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 8/2 2017



Signature of a member or authorized representative of a member

Victoria Hopps

Typed or printed name of signee