

L14000080405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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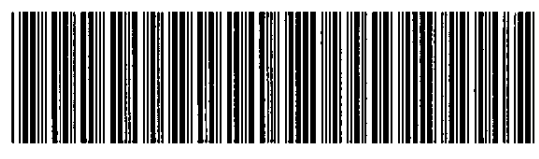
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUN 19 2015

S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SECURE MANAGEMENT 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:

Adam Elisha

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

9850 SANDAL FOOT BLVD , STE 471,

\_\_\_\_\_  
Address

Boca Raton, FL 33428

\_\_\_\_\_  
City/State and Zip Code

admin@edatamail.com

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

For further information concerning this matter, please call:

Adam Elisha

561 2123370  
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

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TALLAHASSEE, FLORIDA

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

SECURE MANAGEMENT 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 05/19/2014 and assigned  
Florida document number L14000080405.

This amendment is submitted to amend the following:

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

SECURE MANAGEMENT LLC

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:

Adam Elisha

New Registered Office Address:

9850 SANDAL FOOT BLVD STE 471

*Enter Florida street address*

BOCA RATON

*City*

, Florida 33428

*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	Adam Elisha	9850 SANDAL FOOT BLVD.	<input checked="" type="checkbox"/> Add
		STE 471	<input type="checkbox"/> Remove
		BOCA RATON, FL 33428	<input type="checkbox"/> Change
MGRM	Elisha, Daniel F	2499 GLADES RD, #313	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		BOCA RATON, FL 33431	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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.)*

[illegible]

**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.

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

Dated JUNE 1st, 2015

Adam Elsha

Signature of a member or authorized representative of a member

Adam Elisha

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**Detail by Officer/Registered Agent Name****Florida Limited Liability Company**

SECURE MANAGEMENT LLC

**Filing Information**

Document Number	L14000080405
FEI/EIN Number	N/A
Date Filed	05/19/2014
Effective Date	05/18/2014
State	FL
Status	ACTIVE

**Principal Address**21346 SAINT ANDREWS BLVD  
BOCA RATON, FL 33433**Mailing Address**21346 SAINT ANDREWS BLVD  
BOCA RATON, FL 33433**Registered Agent Name & Address**ELISHA, DANIEL F  
21346 SAINT ANDREWS BLVD  
BOCA RATON, FL 33433**Authorized Person(s) Detail****Name & Address**

Title MGR

ELISHA, DANIEL F  
21346 SAINT ANDREWS BLVD  
BOCA RATON, FL 33433**Annual Reports**

Report Year	Filed Date
2015	04/30/2015

**Document Images**[04/30/2015 -- ANNUAL REPORT](#)[View image in PDF format](#)FILED  
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TALLAHASSEE, FLORIDA

Edata Financial Group, LLC 08-11  
20423 State Road 7 Ste F6-524  
Boca Raton, FL 33498

1645

63-4/630

6/16/2015

Date

Pay to the  
Order of

FL Dept of State

\$ 25.00

Twenty-five 10/100

Dollars



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for Secure Management LLC

Adrian E. Eshen

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