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(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

Div	ision of Corp	porations				
SUBJECT:	ELLIS BUSINESS CONCEPTS, LLC					
SUBJECT		Name of Lim	ited Liability Company			
The enclosed	f Articles of a	Amendment and fee(s) are sub	omitted for filing.			
		ndence concerning this matter				
		ERIC FOSTER				
			Name of Person			
DIMARCO & ASSOCIATES CPAS						
		-	Firm/Company			
220 PINE AVE N SUITE A Address						
			City/State and Zip Code			
		Ellisbusinessconcepts@yah				
			to be used for future annual rep	ort notification)		
For further in	nformation co	oncerning this matter, please c	all:			
ERIC FOST	ER		727 787-5	290		
	Name of	Person	at () Area Code	Daytime Telephone Number		
Enclosed is a	ı check for th	e following amount:				
≡ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status &		
Ma	ilin <u>g Address</u>	3:	Street Addi	ress:		

Registration Section
Division of Corporations
P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELLIS BUSINESS CONCEPTS, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny a <u>s it now appears on our records.</u> Liability Company)	,
The Articles of Organization for this Limited Liability Company Florida document number 1.14000102461	were filed on 06/26/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2021 JUL SEC:
		50 6 1
		ω
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	ne name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street address	
	Flor	
	City	Zio 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 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>	Address	Type of Action
MGR	TODD WAYNE ELLIS	3400 COQUINA KEY DRIVE SE	
		ST. PETERSBURG, FL 33705	■Remove
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Effective date, if other th	an the date of filing:		of Giling are many short of	(optional)	605 0207 (
Note: If the date inserted in document's effective date o	this block does not meet	the applicable st			
he record specifies a delayed ord is filed.	effective date, but not an o	effective time, at	12:01 a.m. on the ea	rlier of: (b) The 90th	ı day after the
Dated	, 2	.024			
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	Signature of a mem	ther or authorized r	epresentative of a men	nber	
SHANTEL OVI	ERTON				
	Tyr	ped or printed nam	of signee		

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Filing Fee: \$25.00