

L14000123375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

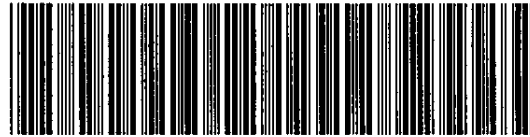
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
14 AUG 13 14:03:32
STATE OF FLORIDA
TALLAHASSEE, FL 32303

BGR | BLOOMGARDEN GOUDREAU & ROSEN, P.A.

August 12, 2014

Via Federal Express

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

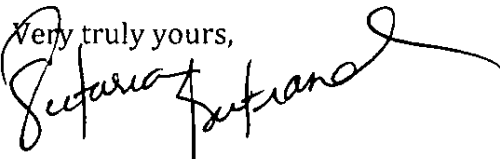
Re: ELILI 78, LLC / Document No. L14000123375

Dear Sir or Madam:

Enclosed please find the Cover Letter and Articles of Amendment to Articles of Organization for the above referenced limited liability company. Please have this filed and change the name of the company to: **ELILI 18, LLC** and change the company name on sunbiz.org. Also enclosed is our check in the amount of \$25.00 to cover the filing fee.

Please return a filed copy in the self-addressed, stamped envelope provided.

Thank you very much for your assistance. Of course, if you need any additional information, please feel free to contact me.

Very truly yours,


Victoria Bertrand
Corporate and Real Estate Paralegal

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELILI 78, 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 Bertrand

Name of Person

Bloomgarden Goudreau & Rosen, P.A.

Firm/Company

8551 W. Sunrise Blvd., Suite 208

Address

Ft. Lauderdale, FL 33322

City/State and Zip Code

vbertrand@lawbgr.com

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

For further information concerning this matter, please call:

Victoria Bertrand

Name of Person

at 954 370-2222

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

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

ELILI 78, 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 August 6, 2014 and assigned
Florida document number L14000123375.

This amendment is submitted to amend the following:

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

ELILI 18, LLC

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)

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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

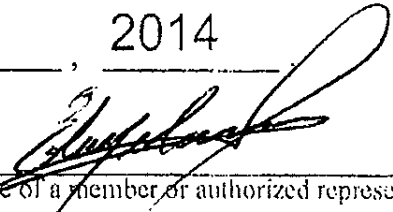
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

14 AUG 13 04:50 PM
 STATE OF NEW YORK
 DEPARTMENT OF TAXATION AND FINANCE
 DIVISION OF TAX SERVICES
 TAX SERVICES UNIT
 110 N. MONTGOMERY ST.
 ALBANY, NY 12242-1100

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

Effective date, if other than the date of filing: _____ (optional)
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
date this document is filed by the Florida Department of State)

Effective date: August 11, 2014


Signature of a member or authorized representative of a member

ELISEO MELAMED

Typed or printed name of signee

14 AUG 13 14:10:32
S. DEPT. OF STATE
FALCON ST. 1000 JA