*L/4000/45063

(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(0	ity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





800263332218

10/03/14--01007--018 **25.00

2014 OCT -3 PM 1: 55
SUBSEINALY OF STATE
ORIGINAL ORIGINA

K.SALY EXAMINER OCT -8 2014

Arsenault Law Offices, P.A.

10225 Ulmerton Road, Suite #2 Largo, Florida 33771 Telephone (727) 584-1199 Fax (727) 586-1071

Kenneth G. Arsenault, Jr., Esquire

September 30, 2014

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

Re: ELMODA, LLC.

To Whom It Concerns:

Enclosed you will find an Article of Amendment for the above referenced LLC and our check in the amount of \$25.00 payable to Department of State.

Very truly yours,

Arsenault Law Offices, P.A.

Kenneth J. Sperault, gr. /ma Kenneth G. Arsenault, Jr., Esquire

KGA/ma

Enclosures

COVER LETTER

TO: **Registration Section Division of Corporations**

ELMODA, 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:

KENNETH G. ARSENAULT, JR.

ARSENAULT LAW OFFICES, P.A.

10225 ULMERTON ROAD, STE. 2

LARGO, FL 33771

City/State and Zip Code

KARSENAULT@ARSENAULTLAWGROUP.COM

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

For further information concerning this matter, please call:

KENNETH G. ARSENAULT, JR. at (727) 584-1199

Name of Person

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

FILED

2014OCT -3 PM 1:55

SECKETARY OF STATE

ELMODA, LLC.	TAL	AHARY OF STAN
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records. Liability Company)	MOSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on 09/16/2014	and assigned
Florida document number L14000145063		
This amendment is submitted to amend the following:		mpany here: mpany," the designation "LLC" or the abbreviation "L.L.C." VINSTON DRIVE LEAIR, FL 33756 VINSTON DRIVE LEAIR, FL 33756
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	34 WINSTON DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	BELLEAIR, FL 33756	
Enter new mailing address, if applicable:	34 WINSTON DRIVE	
(Mailing address MAY BE A POST OFFICE BOX)	BELLEAIR, FL 33756	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:		the name of the new
New Registered Office Address:	Enter Florida street address	
	. Florida	
	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

Authorized Member being added or removed from our records: FILED MGR = Manager AMBR = Authorized Member 2814 OCT -3 PM 1:55 **Type of Action** <u>Title</u> <u>Address</u> <u>Name</u> SEGRETARY OF STATE TALLAHASSEE, FLORIDA □ Add ☐ Remove □ Add □ Remove _□ Add ☐ Remove _□ Add _□ Remove _____ Add ____ □ Remove □ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

f amending a	ny other information, er	iter change(s) here: (Attac	ch additional sheets, if necessary.)
	·· ·· ·· ·· · · · · · · · · · · · ·		
	·		
he effective date	if other than the date of must be specific, cannot be pri- ment is filed by the Florida De	or to date of receipt or filed date a	(optional) nd cannot be more than 90 days after
ated SEP	TEMBER 30	2014	
		<u> </u>	
		of a mambas at suther dead	recontative of a momban
		re of a member or authorized rep	thorized Representativ

Page 3 of 3

Filing Fee: \$25.00

214 OCT -3 PM 1:55