

115000025056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

OK to file per
Darius Connel

9/30/19

Office Use Only

6663-

6206.2575.



30033249449

08/02/19--0000--012

C GOLDEIN

SEP 30 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EFile Holdings 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:

Maria Leyva
Name of Person

E-File Holdings LLC
Firm/Company

115 Madeira Avenue (1st Floor)
Address

Coral Gables FL, 33134
City/State and Zip Code

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

For further information concerning this matter, please call:

Alexandra Diaz at (786) 233-8515
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)

(was already
previously included)
Thank you.

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2019

MARIA LEYVA
115 MADEIRA AVENUE
1ST FLOOR
CORAL GABLES, FL 33134

SUBJECT: EFIE HOLDINGS LLC
Ref. Number: L15000025056

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 719A00018408



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2019

AJ YOLOFSKY
115 MADEIRA AVENUE
2ND FLOOR
CORAL GABLES, FL 33134

SUBJECT: EFIE HOLDINGS LLC
Ref. Number: L15000025056

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 319A00016332

TO
ARTICLES OF ORGANIZATION
OF

2019 SEP

E-Fire Holdings 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 02/10/2015

Florida document number L15000025056.

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 abbrevi

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:

Name of New Registered Agent:

Maria Leyva

New Registered Office Address:

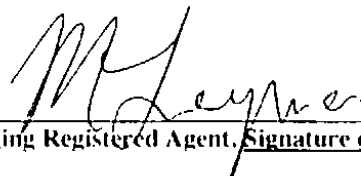
1825 Ponce De Leon Blvd

Enter Florida street address

Coral Gables, Florida 33
City Z

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am famil accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if th being filed to merely reflect a change in the registered office address, I hereby confirm that the limited company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Register

or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title

Name

Address

BM

Mrs. Judy Chan

117 Madeira Avenue

Coral Gables, FL 33134

N/A

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

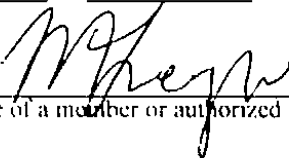
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 day of the effective date.
(b) The 90th day after the record is filed.

Dated

9/16/19



Signature of a member or authorized representative of a member

Maria Lopez

Typed or printed name of signee