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SECRETARY OF STATE  
TALLAHASSEE, FL

SEP 13 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ESTRELLITAS DEL MAR, 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:

Ann Chu

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

ETLT OFTEN, LLC

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

1234 Providence Ter

\_\_\_\_\_  
Address

McLean, VA 22101

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

etltoften@gmail.com

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

For further information concerning this matter, please call:

ANN CHU

703 597-6301  
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

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

ESTRELLITAS DEL MAR, 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 07/15/2015 and assigned Florida document number L15000121132.

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 abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

660 Crandon Boulevard

Suite 160

Key Biscayne, Florida 33149

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

660 Crandon Boulevard

Suite 160

Key Biscayne, Florida 33149

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SILVER SPRING, FL  
CLERK OF CIRCUIT COURT

**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

\_\_\_\_\_, Florida

City

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	ANN CHU		<input type="checkbox"/> Add
		13656 DEERING BAY DRIVE CORAL GABLES, FL 33158	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANNA CORLEY		<input type="checkbox"/> Add
		13656 DEERING BAY DRIVE CORAL GABLES, FL 33158	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ETLT OFTEN, LLC		<input checked="" type="checkbox"/> Add
		13656 DEERING BAY DRIVE CORAL GABLES, FL 33158	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VINISE SERVICES LLC		<input checked="" type="checkbox"/> Add
		680 ALLENDALE RD KEY BISCAYNE, FL 33149	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**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.

Dated August 28, 2019

Ann Chu

**Filing Fee: \$25.00**