

L/15000190921

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TALLAHASSEE, FLORIDA

SEP 26 2017

- SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ELCORO & ELCORO 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:

Fernando M. Socol, Esq.

Name of Person

Fernando M Socol PA

Firm/Company

201 S Biscayne Blvd Ste 905

Address

Miami, FL 33131

City/State and Zip Code

Fsocol@negocios-enusa.com

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

For further information concerning this matter, please call:

Fernando M Socol, Esq.

786 272-7100
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**

ELCORO & ELCORO 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 11/10/2015 and assigned
Florida document number L15000190921

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)

5109 NW 36 AVE

MIAMI, FL 33142

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5109 NW 35 AVE

MIAMI, FL 33142

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

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	SONIA ELCORO	11475 NE 87th LN	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Andrea E. ELCORO FERNANDEZ	10805 NW 89 TERR.	<input checked="" type="checkbox"/> Add
		UNIT 104, Bldg 4	<input type="checkbox"/> Remove
		DORAL, FL 33178	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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Dated 09/25, 2017


Signature of a member or authorized representative of a member

JULIO ELCORO
Typed or printed name of signee