

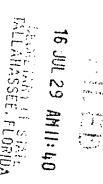
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Elis Services UC 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:
Carlos Eduardo Cabrera Pena Name of Person
Eli's Services LLC Firm/Company
9697 Arbon Oaks Ln # 205
Boca Raton F1. 33428 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Corlos Cubrero Penci at (561) 618 5080 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

(Name of the Limite	d Liability Company s A Florida Limited Liab	as it now appears on or ility Company)	ır records.)		
The Articles of Organization for this Limited Lia	ibility Company we	re filed on April	11, 2016	_ and assi	igned
Florida document number <u>L160000709</u>	<u>12. </u> .		·		
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liability	y company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liability (Company," the designat	ion "LLC" or the abbre	viation "L.l	L.C."
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET	[ADDRESS)				
Enter new mailing address, if applicable:	-		A H	16 JUL	
(Mailing address MAY BE A POST OFFICE B	<u></u>		ζή: m: 	29 AHII	Michigan Andrews
B. If amending the registered agent and/oregistered agent and/or the new registered off		e address on our	records, enter th	e name	of the nev
Name of New Registered Agent:	Carlos	s Eduardo	Cabrera T	Dena	
New Registered Office Address:	1A FP3P	bor Oaks L Enter Florida str			
	<u> </u>	Raton City	, Florida <u>33</u> 5	428 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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-			□ Remove
			Change
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ective date, if other that effective date is listed, the date: If the date inserted in tument's effective date on	te must be specific his block does no	and cannot be prior of meet the applic	able statutory f	r more than 90 days	optional) safter filing.) Pursuan s, this date will not	it to 605.0 be listed
record specifies a del The 90th day after the			ot an effectiv	e time, at 12:	01 a.m. on the	earlie
red Julio :	26	_, _2016	_· 			

Page 3 of 3

Filing Fee: \$25.00