17000011560

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, ,
Certified Copies Certificates of Status
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Office Use Only



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COVER LETTER

TO: Registration S Division of Co					
E. L. C. LI	٠(,				
SUBJECT:		ited Liability Company	**		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	J. Rodriguez				
		Name of Person			
	E.L.C UC				
		Firm/Company			
	212 E. Hillsboro Blvd. #2	69			
		Address			
	Deerfield Beach, Fl 33441				
	Jreguez1@gmail.com	City/State and Zip Code			
•		to be used for future annual report not	dication)		
For further information of	concerning this matter, please e	all:			
J. Rodriguez		561 396-5102			
Name of Person		Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed		
<u>Mailing Addres</u> Registration Division of C	Section	Street Address: Registration Se Division of Co			
P.O. Box 632	27	Division of Corporations The Centre of Tallahassee			
Tallahassee,	FL 32314	2415 N. Monre Tallahassee, FL	e Street, Suite 810 2 32303		



March 25, 2021

J RODRIGUEZ 212 E HILLSBORO BLVD #269 DEERFIELD BEACH, FL 33441

SUBJECT: E.L.C. LLC

Ref. Number: L17000011860

We have received your document for E.L.C. LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2017 annual report. The entity must be reinstated before this document can be filed.

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.

Letter Number: 921A00006246

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

** ** ** .5diibi2.01

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E. L. C. He		
(Name of the Limiter (/	d Liability Company as it now appears on our A Florida Limited Liability Company)	records,)
The Articles of Organization for this Limited Lia	bility Company were filed on January 5.	2017 and assigned
Florida document number L17000011860		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
E. LL. C. LLC		
The new name must be distinguishable and contain the wor	ds_"Limited Liability_Company." the designation	auLLCuor the abbreviation al.L.Cu
Enter new principal offices address, if applical	ole:	9 20
(Principal office address MUST BE A STREET	ADDRESS)	50 = 50
·		
		ARY 5
Enter new mailing address, if applicable:		SSO P
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	Elia S
·		TA 5
D. I.C. and all the state of th		, ., _
B. If amending the registered agent and/or regagent and/or the new registered office address	istered office address on our records, here:	enter the name of the new registered
		•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	aldress
		_, 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>	Name .	Address	Type of Action
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			ORemove
			□ Change
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	. Applicating acceptant is acceptant to the gar age and		□Remove
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effective 10 de	date is listed, the da adate inserted in t	te must be specif	ic and cannot	he prior to date o	f filing or more the	ian 90 days after	filing.) Pursuant (o 605.0
ment's	effective date on	the Departmen	t of State's n	ecords.	amory ming rec	parements, thi	s date will not be	e lister
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- 1	. Rodriguez			/				

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Filing Fee: \$25.00