

L17000033574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT • ☐ MAIL

(Business Entity Name)

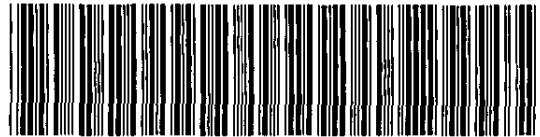
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RA SIGN

Office Use Only



500295397935

02/22/17--01025--021 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR -7 A 10:15

FILED

S Warren

MAR 08 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2017

DANIEL ZAPATA
4932 S. UNIVERSITY DR
DAVIE, FL 33328

SUBJECT: ELITE CASULTY GROUP LLC
Ref. Number: L17000033574

We have received your document for ELITE CASULTY GROUP 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 registered agent must sign accepting the designation.

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 317A00003559

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELITE CASULTY GROUP 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:

DANIEL ZAPATA

Name of Person

Firm/Company

4932 S UNIVERSITY DR

Address

DAVIE, FL 33328

City/State and Zip Code

DANIELZ.ZAPATA@GMAIL.COM

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

For further information concerning this matter, please call:

DANIEL ZAPATA

305 766-3058
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**

ELITE CASULTY GROUP 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 FEBRUARY 10, 2017 and assigned Florida document number L17000033574.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ELITE DM GROUP LLC

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)

4932 S UNIVERSITY DR

DAVIE, FL 33328

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same

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:

DANIEL ZAPATA

New Registered Office Address:

4932 S UNIVERSITY DR

Enter Florida street address

DAVIE

Florida

33328

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	ZAPATA, DANIEL	4932 S UNIVERSITY DR	<input checked="" type="checkbox"/> Add
		DAVIE FL 33328	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ARIAS, MAIDELINE	4932 S UNIVERSITY DR	<input type="checkbox"/> Add
		DAVIE FL 33328	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2017 MAR - 7 A.D. 16
SECRETARY OF STATE
TAMMESC, FLORIDA

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.

(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 605.0207 (3)(b) **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 FEBRUARY 21

2017

~~Signature of a member or authorized representative of a member~~

DANIEL ZAPATA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2017 MAR -7 A 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA