

L17000076314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

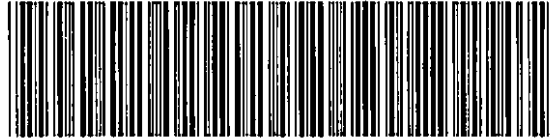
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2018 DEC - 6 PM 2:35

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELIXIR SOFTWARE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following

JORGE ORDONEZ

Name of Person

ELIXIR SOFTWARE LLC

Firm/Company

7795 WEST FLAGLER ST
SUITE 22

Address

MIAMI, FL 33144

City, State and Zip Code

SMARTBLOG727@GMAIL.COM

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

For further information concerning this matter, please call:

JORGE ORDONEZ

786

660-0353

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

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SECRETARY OF STATE
TALLAHASSEE, FL
records

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

Page 1 of 3

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>
P	JORGE ORDONEZ	4780 PINE TREE DRIVE MIAMI BEACH, FL. 33140	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	SUZETT VIEGO COTS	4780 PINE TREE DRIVE MIAMI BEACH, FL. 33140	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SANDRA CALDERARO	6301 NW 5TH WAY SUITE 2000 FORT LAUDERDALE, FL. 33309	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BLAZAR NET LLC	21 HEMLOCK ST CENTRAL ISLIP, NY 11722	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROBERTO L. GUERRA	ISLA SAN CRISTOBAL N4340 QUITO, EC 17051-3 EC	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TOMAS BERLANGA	ISLA SAN CRISTOBAL N4340 QUITO, EC 17051-3 EC	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

[The page contains faint horizontal lines, suggesting it was part of a lined notebook or document.]

(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)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

ROBERTO GUERRA
Typed or printed name