

LI7 0000 83321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

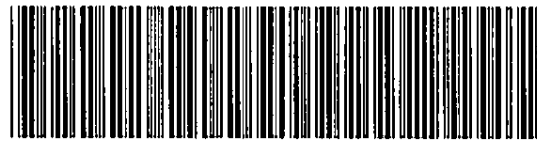
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/30/17--01016--006 **25.00

2017 OCT 30 PM 10:45
J. HARRIS

NOV 01 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELR MANAGEMENT
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:

RAFAEL LOPEL
Name of Person

Firm/Company

419 WEST 49 ST STE 216
Address

HIWEEAH FL. 33012
City/State and Zip Code

RAFAEL L 6707@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAEL LOPEL at (786) 8790486
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

E.L.R. MANAGEMENT LLC

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>
MGR	MARIA PAZIOS LOPEZ	419 WEST 49 ST STE 216	<input checked="" type="checkbox"/> Add
		HIDLEIGH FR 33012	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUIS VARGAS	419 WEST 49 ST STE 216	<input type="checkbox"/> Add
		HIDLEIGH FR 33012	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EMMANUEL DE LA CONCEPCION	419 WEST 49 ST STE 216	<input type="checkbox"/> Add
		HIDLEIGH FR 33012	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

10/20/2017
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Rafael Lopez

Typed or printed name of signee

2017 OCT 30 | AM 10:45