

L170000123786

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(City/State/Zip/Phone #)

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2021 DEC -9 PM 12:35
FILED
CLERK OF COURT
JULIA M. HILL

A. BUTLER

DEC 20 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FINANCIAL ELEMENTS 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:

BILL HARVE
Name of Person

REGISTERED AGENT INC
Firm/Company

7901 4TH ST N 300
Address

ST PETERSBURG FL, 33702
City/State and Zip Code

financialements@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERRENCE DAVIS at (712) 973-8997
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FINANCIAL ELEMENTS LLC

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

DEC-9 PM 12:36

The Articles of Organization for this Limited Liability Company were filed on JUNE 06, 2017 and assigned Florida document number L17000123786.

This amendment is submitted to amend the following:

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

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)

2212 S CHICKASAW TRL
1146 ORLANDO FL,
32825

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2212 S CHICKASAW
TRL # 1146 ORLANDO
FL, 32825

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:

REGISTERED AGENT INC

New Registered Office Address:

7901 4TH ST N 300

Enter Florida street address

ST PETERSBURG

City

Florida

33702

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.

Bill HARRIS

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	LOPEZ, MANUG	1619 NE 5TH	<input type="checkbox"/> Add
		STREET FORT	<input checked="" type="checkbox"/> Remove
		LAUDERDALE FL	<input type="checkbox"/> Change
		33301	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	YOUNG, ADRIANNA	30W031 OAKWOOD	<input checked="" type="checkbox"/> Add
		CT WARRENVILLE	<input type="checkbox"/> Remove
		IL 60555	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1619 8881 CLEARBROOK	<input type="checkbox"/> Change
AMBR	TYLER, MITCHEL	DR, MILTON, FL	<input checked="" type="checkbox"/> Add
		32583	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHRIS, SMITH	2212 S CHICKASAW	<input checked="" type="checkbox"/> Add
		TRL #1146 ORLANDO	<input type="checkbox"/> Remove
		FL, 32825	<input type="checkbox"/> Change

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)

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.

Chris Lowe

Signature of a member or authorized representative of a member

Chris Smith

Typed or printed name of signee

Filing Fee: \$25.00