

L17000261581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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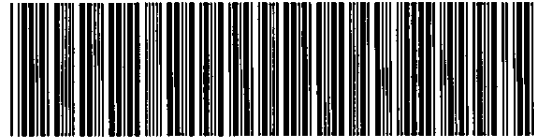
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MAR 14 2018 PM 2:35

J. LEGGETT  
MAR 14 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EBENALCA 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:

FRANK R. SARIOL

\_\_\_\_\_  
Name of Person

THE SARIOL GROUP, LLC

\_\_\_\_\_  
Firm/Company

8200 NW 41ST STREET, SUITE 315

\_\_\_\_\_  
Address

DORAL, FLORIDA 33166

\_\_\_\_\_  
City/State and Zip Code

FSARIOL@ME.COM

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

For further information concerning this matter, please call:

OSCAR G. BETANCOURT

786 636-8649  
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**

EBENALCA 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 12/26/2017 and assigned  
Florida document number L17000261581.

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:

5645 NW 84TH AVE DORAL FL 33166

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

5645 NW 84TH AVE DORAL FL 33166

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

ELIZABETH YELIN

New Registered Office Address:

9480 NE 2ND AVE

*Enter Florida street address*

MIAMI SHORES

*City*

, Florida 33138

*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	LIESELOT B GANZ	9480 NE 2ND AVENUE, APT 55	<input type="checkbox"/> Add
		MIAMI SHORES, FL 33138	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRIGIT L GANZ	5645 NW 84TH AVE	<input checked="" type="checkbox"/> Add
		DORAL FL, 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA D VERA	5645 NW 84TH AVE	<input checked="" type="checkbox"/> Add
		DORAL FL, 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	R.E. DEVELOPERS, LLC	5645 NW 84TH AVE.	<input checked="" type="checkbox"/> Add
		DORAL. FL 33166	<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

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

AMGR= ASSISTANT MANAGER, as defined per the company's operating agreement.

06:30:13 PM 2:55  
HALLAMBOULET, LEMMON

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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.

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.

Dated MARCH 7TH, 2018

Enrique Benalcázar

Signature of a member or authorized representative of a member

ENRIQUE D BENALCAZAR

Typed or printed name of signee