

L17000264297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

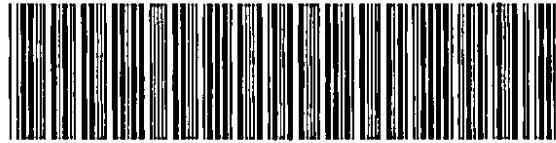
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
18 JAN 29 PM 2:43

B FIGUEROA

FEB 02 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 18, 2018

EILYGENESIS PEREZ  
915 SE 31SR LN  
CAPE CORAL, FL 33904

SUBJECT: E L P MANAGEMENT & CONSULTING LLC  
Ref. Number: L17000264297

We have received your document for E L P MANAGEMENT & CONSULTING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Corporation, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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.

Brittany M Figueroa  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 818A00001138

**RECEIVED**

JAN 29 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ELP Management & Consulting 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:

Eilygenesis PEREZ

Name of Person

Firm/Company

915 SE 31<sup>ST</sup> LANE

Address

CAPE CORAL FL 33904

City/State and Zip Code

06Eily29@gmail.com

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

For further information concerning this matter, please call:

Eilygenesis PEREZ

Name of Person

at ( 239 ) 265-7384

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**

E L P MANAGEMENT & CONSULTING 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 12/29/2017 and assigned Florida document number L17000264297.

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:

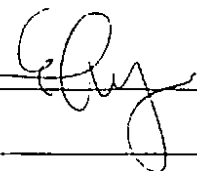
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

*Disregard*  
E.P. Eitygenesis Perez 

New Registered Office Address:

415 SE 31ST LANE  
Enter Florida street address  
CAPE CORAL, Florida 33904  
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

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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          | EilyGENESIS PEREZ | 915 SE 31 <sup>ST</sup> LANE CAPE CORAL FL 33904 | <input type="checkbox"/> Add    |
|              |                   |  | <input type="checkbox"/> Remove |
|              |                   |  | <input type="checkbox"/> Change |
|              |                   |  | <input type="checkbox"/> Add    |
|              |                   |  | <input type="checkbox"/> Remove |
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**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.

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

Typed or printed name of signee

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