

2018-08-27 11:18
8/27/2018

850-617-6381
Division of Corporations

P 104

L18000084551

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ELO ENTERPRISES, INC
Account Number : 170150000109
Phone : (561)544-8867
Fax Number : (954)697-0130

18 AUG 27 PM 2:21

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BIND CONSULTANT LLC

Certificate of Status	0
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2018 AUG 27 AM 10:53

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Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BIND CONSULTANT 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 04/03/2018 and assigned Florida document number 11800004551

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

15107 KIRSTY ALLEY

WINTER GARDEN, FL 34787

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15107 KIRSTY ALLEY

WINTER GARDEN, FL 34787

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:

ELO ENTERPRISES, INC

New Registered Office Address:

4700 NW BOCA RATON BLVD, SUITE 202

(Enter Florida street address)

BOCA RATON

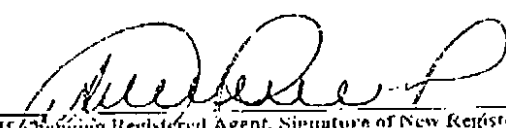
City

Florida 33431

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	HERDY P. DE SA, RODRIGO	15107 KIRSTY ALLY	☐ Add
		WINTER GARDEN, FL 34787	☐ Remove
			☒ Change
MGR	M. P. DE SA, FERNANDA C.	15107 KIRSTY ALLY	☐ Add
		WINTER GARDEN, FL 34787	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

N/A

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 AUGUST, 16 2018

Signature of a member or authorized representative of a member

RODRIGO HERDY PIRES DE SA

Typed or printed name of signer