Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet! Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000181773 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AJ ACCOUNTING SERVICES, INC.

Account Number : I20110000092

Phone : (305)448-9584

Fax Number

: (305)448-9569

\*\*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 ELVALCO L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

**B FIGUEROA** 

JUN 19 2018

	CC	OVER LETTER	
O: Registration Sec Division of Corp			
ELVALCO	L.L.C.		_
SUBJECT:	Name of Limite	d Liability Company	
	Amendment and fee(s) are submindence concerning this matter to		
	ELMER VALVERDE		
		Name of Person	
	ELVALCO L.L.C.		
		Firm/Company	
	10255 PINES BLVD		
		Address	
	PEMBROKE PINES, FL 3	3026	
	<del></del>	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notifi-	cation)
For further information	concerning this matter, please ca	11:	
ELMER VALVERDE		954 394-3749	_
Name	of Person	at (	Telephone Number
Enclosed is a check for \$25.00 Filing Fee	the following amount:  \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COURT Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations rater Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELVALCO L.L.C.				
(Name of the Limited Liability Compa- (A Florida Limited L	y as it now appears on cliability Company)	our records.)		
The Articles of Organization for this Limited Liability Company Florida document number L18000088983	were filed on 04/09/20	01 <b>8</b> au	nd assigne	đ
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	ation "LLC" or the abbreviat	ion "L.L.C."	<del></del>
Enter new principal offices address, if applicable:				
• •		25	2011	
(Principal office address MUST BE A STREET ADDRESS)		ترجر	<u> </u>	
		<u> </u>	- 50	
		358 358	8	:-
Enter new mailing address, if applicable:				1v-
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
T. Tatasan, taken take take taken ta		25.25 25.25	ب	_
		-2	£-	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:	the address on ou	r records, enter the	name of	me new
New Registered Office Address:				
	Enter Florida :	street address		
		, Florida		
	City	Z	p Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my provided for in Cha	duties, and Lum familipter 605, F.S. Or, if th	iar wiin d is docume	ina
If Ch	onging Registered Agent	Signature of New Registe	red Agent	_

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>	Address	Type of Action
AP	CLAUDIA MARTINEZ	15894 NW 16TH STREET	
		PEMBROKE PINES, FL 33028	■ Remove
			Change
AMBR	ALEJANDRO VALVERDE	15894 NW 16TH ST	
		PEMBROKE PINES, FI 33028	■ Remove
			☐ Change
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Remove
			Change

amending any other inform	= , ===== ===== , =====	,			
•					
·					
<del>-,</del>					
	<del></del>				<del></del>
				<u> </u>	<u> </u>
					5.
					<del>2</del>
		ļ		0.00	
				- 20	# 10:
				<del>- 25.</del>	); 54
			<del></del>		
ann i e e e e	hadaa ee ee ee		(optio	nal)	
Effective date, if other than the fan effective date is listed, the date is	oust be specific and cannot be pri-	or to date of filing or more	than 90 days after i	iling.) Pursu	ant to 605.0
Note: If the date inscried in this document's effective date on the	block does not meet the appl Department of State's record	icable statutory filing f	equirements, this	date win no	ot de listed
ne record specifies a delay	ed effective date, but r	not an effective tin	ne, at 12:01 a	.m. on th	e earliei
The 90th day after the r	scora is mea.	•			
Dated	2018				
\ / C = /	2 1/6 /	·			
	mer Valued	outhorized representative of	3 member		
	Signature of a memoer of an				
ELMER VALVERD					
	typed or pro	inted name of signee			
	. מ	ge 3 of 3			