

# L180000130933

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

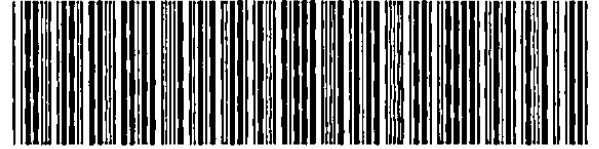
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(Document Number)

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2019 MAR -4 PM 4:40

RECEIVED

C. GOLDEN  
MAR - 4 2019

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** EMC Capital Solutions, 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:

Elaine Pons

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

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

441 Swallow Drive #10

\_\_\_\_\_  
Address

Miami Springs, FL 33166

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

epons@bellsouth.net

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

For further information concerning this matter, please call:

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

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2019 FEB 11 AM 11:20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2019

ELAINE PONS  
441 SWALLOW DRIVE #10  
MIAMI SPRINGS, FL 33166

SUBJECT: EMC CAPITAL SOLUTIONS, LLC  
Ref. Number: L18000130933

We have received your document for EMC CAPITAL SOLUTIONS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return 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) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 919A00003383

RECEIVED

2019 FEB 27 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FL

FILE

2019 MAR -4 PM L

ALLIANCE

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JESSICA GAVIRIA	441 SWALLOW DRIVE APT 10 MIAMI SPRINGS, FL 33166	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GABRIELA PONS	107 WESTWARD DRIVE MIAMI, FL 33266	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ELAINE PONS	107 WESTWARD DRIVE MIAMI, FL 33266	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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