

LI8000138221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

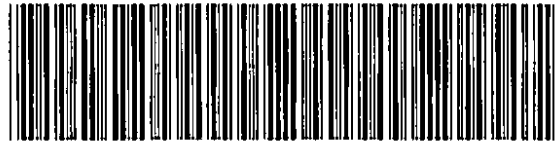
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 DEC 12 PM 1:29  
TALLAHASSEE FLORIDA

D. BRUCE  
DEC 12 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 21, 2018

ELSI TORREALBA  
NELPISERVICES INC  
2393 S CONGRESS AVE STE 223  
WEST PALM BEACH, FL 33406

SUBJECT: ANCA GENERAL SERVICES LLC  
Ref. Number: L18000138229

We have received your document for ANCA GENERAL SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

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) 245-6051.

Deborah Bruce  
Corporate Records Supervisor

Letter Number: 718A00023971

2018 DEC 12 PM 1:29  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 7, 2018

ELSI TORREALBA  
NELPISERVICES INC  
2393 S CONGRESS AVE STE 223  
WEST PALM BEACH, FL 33406

SUBJECT: ANCA GENERAL SERVICES LLC  
Ref. Number: L18000138229

We have received your document for ANCA GENERAL SERVICES 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.

The registered agent must sign accepting the designation.

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) 245-6051.

Deborah Bruce  
Corporate Records Supervisor

Letter Number: 318A00023038

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DIVISION OF CORPORATIONS  
FLORIDA  
2018 DEC 12 PM 1:29

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ANCA GENERAL SERVICES 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:

ELSI TORREALBA

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

NELPISERVICES INC

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

2393 S CONGRESS AVE STE 223

\_\_\_\_\_  
Address

WEST PALM BEACH, FL 33406

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

elsi@nelpiservices.net

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

For further information concerning this matter, please call:

ELSI TORREALBA

561

632-3042

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

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TALLAHASSEE, FL  
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ANCA GENERAL SERVICES 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 06-04-2018 and assigned  
Florida document number L18000138229.

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: CARLOS PERDOMO-ROSAS

New Registered Office Address: 528 ISLAND SHORES DR

Enter Florida street address

GREENACRES, Florida 33413

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

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>
MMGR	ANA A ROSAS-BRACHO	528 ISLAND SHORES DR	<input type="checkbox"/> Add
		GREENACRES, FL 33413	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMGR	ANNA CAMMARATA	528 ISLAND SHORES DR	<input type="checkbox"/> Add
		GREENACRES, FL 33413	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT  
NORTH DAKOTA

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

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2010 DEC 12 PM 1:25  
FALLS CHURCH VA

10/22/2018

**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 OCTOBER 23

2018

Signature of a member or authorized representative of a member

Carlos Pardo

Typed or printed name of signee