L18000 166668

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
_

Office Use Only



000332679310

08/09/19--01007--025 ••25.00

2019 AUS -9 PH 6:53

C. GOLDEN Aug 1 4 2019

COVER LETTER

SUBJECT:	ELMALECON LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	YANDY L MARTINEZ P	EREZ	
	ELMALECON LLC	Name of Person	
		Firm/Company	
	8903 RAILFORD CT		
		Address	
	TAMPA, FL 33615		
	PHOENIXBPG@GMAIL.C		
	E-mail address: (to be used for future annual report notific	cation)
For further information	concerning this matter, please ca	all:	
YANDY L MARTINE	Z PEREZ	813 813-863-6878	
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:

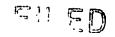
Registration Section Division of Corporations

TO:

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**



2019 AUG -9 PH 6:53

ELMALECON LLC		7017 HO 2 - 3 LH 2: 2
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our re-	cords.)
The Articles of Organization for this Line, Lynning	,,-,-,,	* * * * * * * * * * * * * * * * * * * *
The Articles of Organization for this Limited Liability Compar Florida document number <u>L18000166668</u>	ny were filed on 07/13/2018	and assigned
This amendment is submitted to amend the following:		
_		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contribute		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L	LC" or the abbreviation "L.L.C."
enter new principal offices address, if applicable:	6133 RIDGE RD	
Principal office address MUST BE A STREET ADDRESS)	PORT RICHEY 34668	
Inter new mailing address, if applicable:	6133 RIDGE RD	
Mailing address MAY BE A POST OFFICE BOX)	PORT RICHEY 34668	
••		
. If amending the registered agent and/or registered of gistered agent and/or the new registered office address here	fice address on our record	S. enter the name of a
gistered agent and/or the new registered office address here	1	s, enter the name of the ne
Name of New P		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	5
	Di.	t.a
U Daniman I I	City , F10	Orida Zip Code
Registered Agent's Signature, if changing Registered Agent:		, 24
ereby accept the appointment as registered agent and any		•

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>	Address	Type of Action
			Add
			Remove
			☐ Change
			
			Remove
			Change
	- 		
			Remove
			Change
			Remove
			Change
		····	
			□ Remove
			Change
<u></u>			🗆 Add
			□ Remove
			□ Change

	<u> </u>				
					
			· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·					
					
					
<u> </u>					
 		· · · ·			
 		<u> </u>			
					·
					
F. Effective date, if other than		/23/2019		(optional)	
E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	s block does not meet	the applicable s	e of filing or more than statutory filing requi	90 days after filing.) Pursuar rements, this date will not	nt to 605.0207 (3)(l be listed as the
If the record specifies a dela (b) The 90th day after the	yed effective date record is filed.	, but not an	effective time,	at 12:01 a.m. on the	eariier of:
JULY 23RD,	. 20	019			
- Ni	Signature of a mem				
UU					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00