

L18000168547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

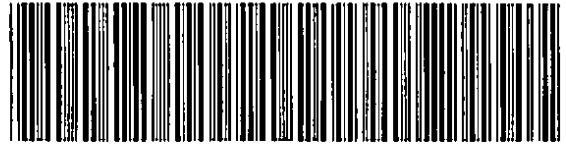
(Business Entity Name)

(Document Number)

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R. WHITE  
AIR 2-20

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** EIcon Service, 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:

Ramon Flores

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

EIcon Services, LLC

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

222 Lake Tennessee Drive

\_\_\_\_\_  
Address

Auburndale, Florida, 33823

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

rayflores.rf27@gmail.com

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

For further information concerning this matter, please call:

Ray Flores

407

985 6434

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2016 AUG 8 7:30

ElCon 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 Aug 8 2018 and assigned  
Florida document number L18000168547.

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)**

222 Lake Tennessee Drive

Auburndale Florida 33823

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

Same

**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:

Ramon Flores

New Registered Office Address:

222 Lake Tennessee Drive

*Enter Florida street address*

Auburndale

*City*

Florida 33823

*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          | Anna Marie Flores | 222 Lake Tennessee Drive | <input type="checkbox"/> Add               |
|              |                   | Auburndale               | <input type="checkbox"/> Remove            |
|              |                   | Florida 33823            | <input checked="" type="checkbox"/> Change |
|              |                   |                          | <input type="checkbox"/> Add               |
|              |                   |                          | <input type="checkbox"/> Remove            |
|              |                   |                          | <input type="checkbox"/> Change            |
|              |                   |                          | <input type="checkbox"/> Add               |
|              |                   |                          | <input type="checkbox"/> Remove            |
|              |                   |                          | <input type="checkbox"/> Change            |
|              |                   |                          | <input type="checkbox"/> Add               |
|              |                   |                          | <input type="checkbox"/> Remove            |
|              |                   |                          | <input type="checkbox"/> Change            |
|              |                   |                          | <input type="checkbox"/> Add               |
|              |                   |                          | <input type="checkbox"/> Remove            |
|              |                   |                          | <input type="checkbox"/> Change            |
|              |                   |                          | <input type="checkbox"/> Add               |
|              |                   |                          | <input type="checkbox"/> Remove            |
|              |                   |                          | <input type="checkbox"/> Change            |

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

We tried to open a bank account and learned that we have the existing titles of MGR and AR reversed.

We need to have myself Ramon Flores be listed as the AR, as Principal Owner, and my wife Anna Marie

Flores listed as the MGR.

Thank you

Ramon Flores

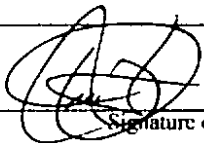
**E. Effective date, if other than the date of filing:** April 3 2020 **(optional)**

(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 April 3 2020



Signature of a member or authorized representative of a member

Ramon Flores

Typed or printed name of signee

**Filing Fee: \$25.00**