

L18 000173893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2019 SEP -3 AM 10:02  
SEC. OF STATE  
TALLAHASSEE, FL

SEP 11 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: E.J.P SOLUTIONS ENTERPRISE L.L.C

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:

ERICK JOSE PINTO MEJIAS

Name of Person

E.J.P SOLUTIONS ENTERPRISE L.L.C

Firm/Company

5155 NE 3th CT Apt 4

Address

Miami FL, 33137

City/State and Zip Code

erickpinto.telocom@gmail.com

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

For further information concerning this matter, please call:

ERICK JOSE PINTO MEJIAS

786

870-3118

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

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

E.J.P SOLUTIONS ENTERPRISE L.L.C

(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 07/19/2018 and assigned  
Florida document number L18000173893.

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)**

E.J.P SOLUTIONS ENTERPRISE L.L.C

5155 NE 3th CT Apt 4

Miami FL 33137

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

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

5155 NE 3th CT Apt 4

Miami FL, 33137

**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:

ERICK JOSE PINTO MEJIAS

New Registered Office Address:

5155 NE 3th CT Apt 4

*Enter Florida street address*

Miami

*City*

Florida

33137

*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	ERICK JOSE PINTO MEJIAS	5155 NE 3th CT Apt 4	<input checked="" type="checkbox"/> Add
		Miami FL 33137	<input type="checkbox"/> Remove
		5155 NE 3Th CT Apt 4	<input type="checkbox"/> Change
AMBR	Esteban Jose Pinto Mendoza	Miami FL 33137	<input checked="" type="checkbox"/> Add
		5155 NE 3 <sup>th</sup> CT Apt 4	<input type="checkbox"/> Remove
		miami FL 33137	<input type="checkbox"/> Change
AmBR	Xiomara, Antonia Mejias Vera		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**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.

Dated August, 05, 2019

*[Signature]*

ERICK JOSE PINTO MEJIAS

Page 3 of 3

**Filing Fee: \$25.00**