

L19 000181076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

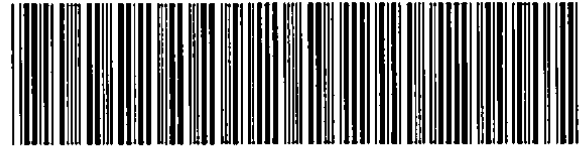
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 AUG 21 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 29 2018

T. LEMMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ELEGANCE WINDOWS & DOORS 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:

LEODY PEREZ RODRIGUEZ

Name of Person

ELEGANCE WINDOWS & DOORS LLC

Firm/Company

10500 SW 201ST TERR

Address

CUTLER BAY, FL 33189

City/State and Zip Code

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

For further information concerning this matter, please call:

LEODY PEREZ RODRIGUEZ

305 988-4139

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**

FILED

ELEGANCE WINDOWS & DOORS LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

2019 JUN 21 P 3:46

The Articles of Organization for this Limited Liability Company were filed on 7/15/2019 **SECRETARY OF STATE
TALLAHASSEE, FLORIDA** assigned
Florida document number L19000181076.

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:

PEREZ RODRIGUEZ, LEODY

New Registered Office Address:

10500 SW 201ST TERR

Enter Florida street address

CULTER BAY

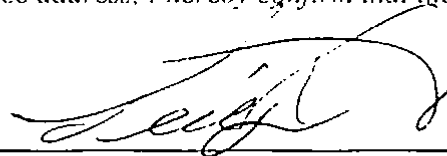
City

Florida 33189

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>
AMBR	LEODY PEREZ RODRIGUEZ	10500 SW 201ST TERR	<input checked="" type="checkbox"/> Add
		CULTER BAY, FL 33189	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEXIS JACANDA SANCHEZ	10500 SW 201ST TERR	<input checked="" type="checkbox"/> Add
		CULTER BAY, FL 33189	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

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 17 . 2019



ALEXIS J ACANDA SANCHEZ

Filing Fee: \$25.00