

9/24/2020

L20000051935

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000334261 3)))



H200003342613ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ALC CONSULTING SERVICES INC
Account Number : 120200000139
Phone : (407)362-8056
Fax Number : (407)386-6503

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ALCCONSULTING01@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PAPAS EL AFRENTAU L.L.C.

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$60.00

2020 SEP 25 AM 8:10

2020 SEP 25 AM 11:12

FILED
SEP 25 2020
CORPORATIONY SUMMIT
SEP 25 2020

COVER LETTERH20000334261 3
FAX AUDIT NUMBERTO: Registration Section
Division of CorporationsSUBJECT: PAPAS EL AFRENTAU 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:

LORENA C RIOS
Name of PersonALC CONSULTING SERVICES INC
Firm/Company10907 MOSS PARK RD UNIT 1027
AddressORLANDO, FL 32832
City/State and Zip CodeALCCONSULTING01@GMAIL.COM
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

LORENA C RIOS

407 362-8056

Name of Person

at ()
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 32314Street Address:Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 3230320 SEP 25 AM 11:10
FILED
CLERK OF SUPERIOR COURT
JANICE L. STAFF
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H20000334261 3
FAX AUDIT NUMBER

PAPAS EL AIRENTAU 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 02-13-2020 and assigned
Florida document number 120000051935

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

ABEL A. FLECHA, JR

New Registered Office Address:

243 ASHFORD DR

Enter Florida street address

DAVENPORT

Florida 33837

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.

Abel A. Flecha, JR

If Changing Registered Agent, Signature of New Registered Agent

H20000334261 3
FAX AUDIT NUMBER

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

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FAX AUDIT NUMBER

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	ABEL A. FLECHA	243 ASHFORD DR	<input type="checkbox"/> Add
		DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	PABLO D. ORTIZ	1952 WILLIE MAYS PKWY	<input type="checkbox"/> Add
		ORLANDO, FL 32811	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ABEL A. FLECHA, JR	243 ASHFORD DR	<input checked="" type="checkbox"/> Add
		DAVENPORT, FL 33837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MIRELIA L. RIESGO SANTOS	243 ASHFORD DR	<input checked="" type="checkbox"/> Add
		DAVENPORT, FL 33837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIA S. FLECHA	4625 OAKDALE DR	<input checked="" type="checkbox"/> Add
		HAINES CITY, FL 33844	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FAX AUDIT NUMBER

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

F. Effective date, if other than the date of filing: UPON 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 SEPTEMBER 23 2020

Abel A. Fleck, JR
Signature of a member or authorized representative of a member

ABEL A. FLECHIA, JR

Typed or printed name of signer

H20000334261 3
FAX AUDIT NUMBER

Filing Fee: \$25.00

9/24/2020

M20000001901

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H200003341363))



H200003341363ABCW

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Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

SEP 25 2020

2020 SEP 25 AM 8:10

**LLC REGISTERED AGENT CHANGE
LINCOLN JAMES HOLDINGS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Y SUIKER
SEP 28 2020

((H20000334136 3))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Lincoln James Holdings LLC

1. Name of the limited liability company: _____

2. (a) 855 W BROAD STREET (b) 855 W BROAD STREET

Principal office address of limited liability company

Mailing address of limited liability company

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

#300

#300

BOISE, ID 83702

BOISE, ID 83702

02/07/2020

M20000001901

3. Date of filing/registration in Florida

4. Document number

5. (a) CORPORATION SERVICE COMPANY

Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

1201 HAYS STREET

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32301

(b) LEGALINC CORPORATE SERVICES INC.

Enter name of NEW Registered Agent and/or NEW Registered Office address

5237 SUMMERLIN COMMONS BLVD, SUITE 400

NEW Registered Office Address

FORT MYERS, FL 33907

20 SEP 25 AM 11:19
STATE OF FLORIDA
DIVISION OF CORPORATIONS

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Gary R. Hawkins
Signature of a member or authorized representative of a member

Gary R. Hawkins

Printed or typed name of signee

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.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00