

L20000080275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

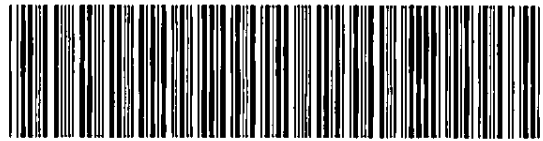
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Please select the
type of action
you are taking w/
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Office Use Only



600427993086

05/31/24--01034--022 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FL

me



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2024

JOHNATHAN IBARRA-BLACKMOON
152 NE 167TH ST, SUITE 405
MIAMI, FL 33162

SUBJECT: ELTA PROPERTIES LLC
Ref. Number: L20000080275

We have received your document for ELTA PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please select the type of action you are taking with each member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 724A00012681

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SECRETARY OF STATE
TALLAHASSEE, FL

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Handwritten signature

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

Elta Properties 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 03/12/2020 and assigned
Florida document number L20000080275.

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:

152 NE 167th St, Suite 405

(Principal office address MUST BE A STREET ADDRESS)

Miami FL 33162

Enter new mailing address, if applicable:

152 NE 167th St, Suite 405

(Mailing address MAY BE A POST OFFICE BOX)

Miami FL 33162

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:

New Registered Office Address:

152 NE 167th St, Suite 405

Enter Florida street address

Miami

City

Florida 33162

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

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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>
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

?

AMGR	Sharon E Marcus	3701 Colombus Way, Cooper City 33026	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

?

AMGR	Modi Marcus	3701 Colombus Way, Cooper City 33026	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Blank lines for amending information.

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TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 05/15/2024 (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 604.0207 (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 05/14, 2024



Signature of a member or authorized representative of a member

Johnathan - Brown - Blackmon

Typed or printed name of signee

Filing Fee: \$25.00