

L20000121945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

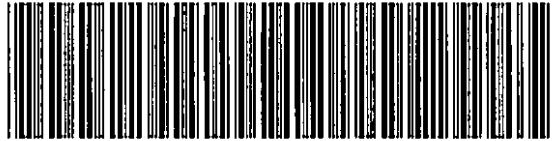
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



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TOLSON
JAN 25 2021

2021 JAN 25 PM 12:55

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JAN 26 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2021

ERICKA CHATMAN
26 SEDGEWICK TRL
PALM COAST, FL 32164

SUBJECT: THE ELECT PROPERTY INVESTMENTS, LLC
Ref. Number: L20000121945

We have received your document for THE ELECT PROPERTY INVESTMENTS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 021A00000837

**Note From: The Elect Property Investments, LLC
The correct forms were filled out and are attached. If you have any further questions please call me at (386) 387-9013.*

*Trill Chatman
The Elect Property Investments, LLC*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Elect Property Investments, 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:

Enella Chatman
Name of Person

The Elect Property Investments, LLC
Firm/Company

26 Sedgewick Trail
Address

Palm Coast, FL 32164
City/State and Zip Code

theelectpropertyinvestments@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enella Chatman at (384) 387-9013
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

2021 JAN 25 PM 12:55

The Elect Property Investments, LLC

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

(A Florida Limited Liability Company)

DADE COUNTY, FL

The Articles of Organization for this Limited Liability Company were filed on May 05, 2020 and assigned Florida document number L20000121945.

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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2021 JAN 25 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FL

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Maya Christina Chutman	26 Sedgewick Trail	<input type="checkbox"/> Add
		Palm Coast, FL 32164	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Isaijah Ray Chutman	26 Sedgewick Trail	<input type="checkbox"/> Add
		Palm Coast, FL 32164	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

2021 JAN 25 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FL

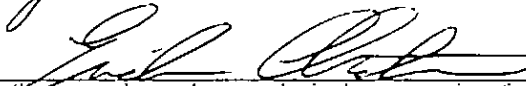
E. Effective date, if other than the date of filing: _____ (optional)

(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 January 21, 2021



Signature of a member or authorized representative of a member

Evelyn Chatman

Typed or printed name of signee

Filing Fee: \$25.00