

L20 000321173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

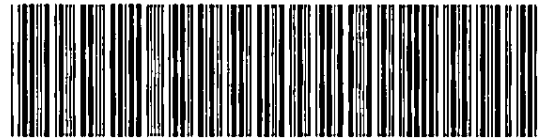
(Business Entity Name)

(Document Number)

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2021 OCT 13 AM 10:25
TALLAHASSEE, FL
SECRETARY OF STATE

3 BRUCE
OCT 23 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELO Financials 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:

Erika Lopez
Name of Person

ELO Financials, LLC
Firm/Company

950 S Pine Island Rd Ste 1020 Bldg A-150
Address

Plantation, FL 33324
City/State and Zip Code

HCCustomerService@gmail.com
E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erika Lopez at (786) 742-7133
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input checked="" 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 ⁽¹⁾
(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

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TALLAHASSEE, FL

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

ECO Financials 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 April 19, 2021 and assigned Florida document number L20000321173.

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)

950 S. Pine Island Rd. Ste 1020

Plantation, FL 33324

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

950 S. Pine Island Rd Ste 1020

Plantation, FL 33324

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

Florida

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.

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>
<u>MGR</u>	<u>Freddy Tavarres</u>	<u>9834 NW ^{Second} Grand CT</u>	<input checked="" type="checkbox"/> Add
		<u>Plantation, FL 33324</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Michael Jones</u>	<u>273 NW 118th Terr</u>	<input checked="" type="checkbox"/> Add
		<u>Coral Springs, FL 33071</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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If the record specifies a delayed effective date, it not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 8 . 2021

Signature: _____ of a member or authorized representative of a member

Ma. M Lopez
Typed or printed name of signer