

L21000039275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

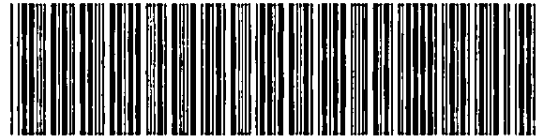
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/15/21--01012--016 **25.00

2021 FEB 15 PM 12:43

11:00 PM

Handwritten signature/initials

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ELIE SERVICES 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:

ELIEZER DUPRAS

Name of Person

ELIE SERVICES LLC

Firm/Company

6727 ALTA WESTGATE DRIVE APT 3305

Address

Orlando Florida 32818

City/State and Zip Code

e.dupras2@gmail.com

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

For further information concerning this matter, please call:

Eliezer Dupras

407

7518510

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 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**

ELIE SERVICES 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 ELIE SERVICES LLC and assigned Florida document number L21000039275.

This amendment is submitted to amend the following:

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

ELIE SERVICES LLC

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:

6727 ALTA WESTGATE DRIVE APT 3305

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO FL 32818

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:

PHANORD, WATSON

New Registered Office Address:

6234 BEAUMONT AVE ORLANDO

Enter Florida street address

ORLANDO

City

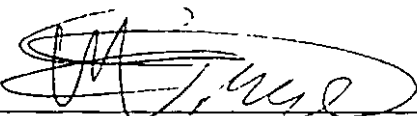
Florida

32808

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>
MGR	ELIEZER DUPRAS	6727 ALTA WESTGATE DRIVE APT 3305	<input type="checkbox"/> Add
		ORLANDO FLORIDA 32818	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

IT'S A MISTAKE YOU GUYS PUT SR BEHIND MY NAME I DIDNT HAVE SR ON MY NAME IS

ELIEZER DUPRAS AND PHANORD WATSON DON'T HAVE SR BEHIND HIS NAME

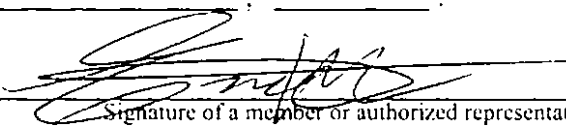
E. Effective date, if other than the date of filing: 01-19-2021 **(optional)**

(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 02-10-2021



Signature of a member or authorized representative of a member

ELIEZER DUPRAS

Typed or printed name of signee



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Detail by Entity Name

Florida Limited Liability Company

ELIE SERVICES LLC

Filing Information

Document Number L21000039275

FEI/EIN Number NONE

Date Filed 01/20/2021

Effective Date 01/19/2021

State FL

Status ACTIVE

Principal Address

6727 ALTA WESTGATE DRIVE

3305

ORLANDO, FL 32818

Mailing Address

6727 ALTA WESTGATE DRIVE

3305

ORLANDO, FL 32808 UN

Registered Agent Name & Address

PHANORD, WATSON (SR)

6234 BEAUMONT AVE

ORLANDO, FL 32808

→ I don't have SR on my Name

Authorized Person(s) Detail

Name & Address

Title MGR

DUPRAS, ELIEZER (SR)

6727 ALTA WESTGATE DRIVE, 3305

ORLANDO, FL 32818

← NO SR ON my name.

Annual Reports

No Annual Reports Filed

Document Images

01/20/2021 -- Florida Limited Liability

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