

L21000080740

(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:

Office Use Only



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FILED

2021 NOV -4 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2021 NOV -2 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER

NOV 05 2021

;
FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$ 35.00

AUTHORIZED SIGNATURE: *Janeese Fullum*

EL-RAN LLC L21000080740

Business Name

Document Number, (if known):

☐ Certified copy

☐ Certificate of Status

☐ Pick up time

☐ Will wait

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☐ CORP

AMMENDMENTS

☒ Amendment

☐ Resignation of R.A.

Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ Correction

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Other



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2021

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: EI- RAN LLC
Ref. Number: L21000080740

We have received your document for EI- RAN LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

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

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 421A00026751

RECEIVED

2021 NOV -4 PM 4:08

ALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: El-RAN 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:

Raanan Gafri

Name of Person

Firm/Company

20283 State Road 7 Suite 104

Address

Boca Raton, FL 33498

City/State and Zip Code

office@hmcrcnt.com

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

For further information concerning this matter, please call:

Raanan Gafri

561 237-4240

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**

EL- RAN 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 02/17/2021 and assigned
Florida document number L21000080740.

This amendment is submitted to amend the following:

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

EL-RAN 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20283 State Road 7

Suite 104

Boca Raton, FL 33498

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(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)

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 November 4, 2021

Raanan Gafri

Typed or printed name of signee

Filing Fee: \$25.00