

h21000110820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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A. BUTLER

FEB 01 2022

A. BUTLER

FEB 10 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

N ELLPEN LLC

SUBJECT: _____
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:

Nicolus Ellapen

Name of Person

N ELLAPEN LLC

Firm/Company

13737 Beckman Drive

Address

Windermere FL 34786

City/State and Zip Code

nicolusellapen@yahoo.com

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

For further information concerning this matter, please call:

nicolusellapen@yahoo.com

321 4249287

Name of Person at (_____) _____
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**

(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 01/25/2022 and assigned
Florida document number 1.21000110820

This amendment is submitted to amend the following:

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

NELLAPEN 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)

13736 Beckman Drive

Windermere FL

34786

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13736 Beckman Drive

Windermere FL

34786

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:

NO AGENT

New Registered Office Address:

NO AGENT

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

| Title | Name | Address | Type of Action |
|-------|-----------------|--|---|
| AMBR | NICOLUS Ellapen | 13736 Beckman Drive, Windermere FL, 34786 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |
| MGR | CYNTHIA Ellapen | 13736 Beckman Drive Windermere, FL 34786 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change |

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

Remove Manger ELLAPEN CYNTHIA

New name N ELLAPEN LLC

ADD NICOLUS ELLAPEN AS AMBR

01/25/2022

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

1/25/2022

Signature of a member or authorized representative of a member

NICOLUS ELLAPEN

Typed or printed name of signee