

L21000230382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

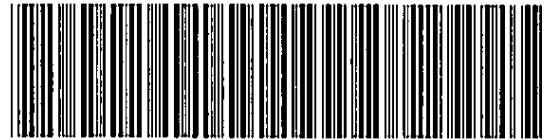
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUN - 1 PM 2:06
CORPORATE SERVICES
FILING

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Elsa Multiservicios, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elsa M Sosa
Name of Person
Elsa Multiservicios, LLC
Firm/Company
330 W Sugarland Hwy # 1
Address
Clewiston, Florida 33440
City/State and Zip Code
elsasmultiservicios@gmail.com
E-mail address: (to be used for future annual report notification)

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REGISTRATION SECTION

For further information concerning this matter, please call:

Elsa M Sosa at (561) 755-2336
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**

ELSA MULTISERVICIO, 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 05/18/2021 and assigned Florida document number L21000230382.

This amendment is submitted to amend the following:

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

Elsa Multiservicios, 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:

330 W Sugarland Hwy #1

(Principal office address MUST BE A STREET ADDRESS)

Clewiston , Florida 33440

Enter new mailing address, if applicable:

330 W Sugarland Hwy #1

(Mailing address MAY BE A POST OFFICE BOX)

Clewiston , Florida 33440

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> |
|--------------|-------------|---|---|
| owner | Elsa M Sosa | 330 W Sugarland Hwy # 1 Clewiston , Florida 33440 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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 COUNTY OF PALM BEACH
 CLERK OF COUNTY

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

Address correction 300 W Sugarland Hwy # 1 Clewiston , Florida 33440

Needs to be 330 W Sugarland Hwy # 1 Clewiston , Florida 33440

I entered it as a error when registering.

Multiple horizontal lines for additional text entry.

PH 21/1/21
PH 21/1/21

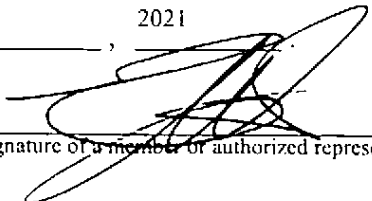
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 May 20, 2021



Signature of a member or authorized representative of a member

Elsa M Sosa

Typed or printed name of signee