# 121000390522

(Requestor's Name)
(Address)
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·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Wrong form

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#### COVER LETTER

TO:

TO: Registration Se Division of Cor			
	EDTMANN LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ELISA DA SILVA		
		Name of Person	
	ELISA DA SILVA LLC		
		Firm/Company	
	9195 COLLINS AVE AP	Г 1112	
	v <del></del>	Address	
	SURFSIDE, FL 33154		22 FE
		City/State and Zip Code	
	ELISARIEDTMANN@GN		
For further information of	r-mail address: f	to be used for future annual report notifiall:	2022 FEB 14 PM 12: 35
ELISA DA SILVA		305 497-3097	- m S
Name o	d' Person		e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee,	rl 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303



#### RECEIVED

2022 FEB 14 PM 12: 23

SECRETARY OF STATE TALLAHASSEE, FL

## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 19, 2022

ELISA DA SILVA ELISA DA SILVA LLC 9195 COLLINS AVE., APT 1112 SURFSIDE, FL 33154

SUBJECT: ELISA RIEDTMANN LLC

Ref. Number: L21000390822

We have received your document for ELISA RIEDTMANN LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Letter Number: 122A00001428

Diane Cushing Senior Section Administrator

www.sunbiz.org

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELISA RIEDTMANN 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 $\frac{8/31/21}{}$	and assigned	
Florida document number 1.21000390822			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
ELISA DA SILVA LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	on "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)			
	<u> </u>		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records	enter the name of the new registe	
Name of New Registered Agent:			
Many Dunistand CVX as Address.			
New Registered Office Address:	Enter Florida stree	t address	
	Florida		
	City	Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr	ee to act in this canaci	tv. I further garee to comply with	

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = ManagerAMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effec lote: 11	te date, if other than the date entire date is listed, the date must be sp the date inserted in this block dint's effective date on the Department.	ecific and cannot be oes not meet the ap	pplicable statutory		ling.) Pursuant to 605.0207
record	specifies a delayed effective date d.	e, but not an effecti	ve time, at 12:01 a	m. on the earlier of: (b)	The 90th day after the
ated _	Feb. 30th	. 20	22		
zaieu _	Signa	ture of a member or	authorized represent	ative of a member	