

L21000414128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

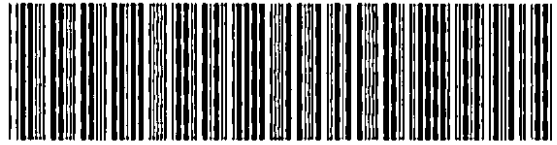
(Business Entity Name)

(Document Number)

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2021 OCT 18 PM 6:35

CLERK OF COURT  
TALLAHASSEE, FL

BRUCE  
OCT 21 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CLAUDIA & ELIAS 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:

ELIAS JIMENEZ  
Name of Person  
CLAUDIA & ELIAS LLC  
Firm/Company  
3760 UNIVERSITY BLVD S #1119  
Address  
JACKSONVILLE, FLORIDA 32216  
City/State and Zip Code  
eliasjimenez0404@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIAS JIMENEZ at ( 904 ) 4181011  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CLAUDIA & ELIAS 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 09/20/2021 and assigned  
Florida document number L21000414128.

This amendment is submitted to amend the following:

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

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)

**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: ONE STOP TAX & ACCOUNTING SERVICES, LLC

New Registered Office Address: 3225 SOUTHSIDE BLVD SUITE 4

*Enter Florida street address*

JACKSONVILLE, Florida 32216  
*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.*

  
Kevin Jones  
If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CLAUDIA L. ALVARADO	3760 UNIVERSITY BLVD S	<input checked="" type="checkbox"/> Add
		1119	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32216	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** 10/07/2021 **(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 605.020  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated OCTOBER, 07TH, 2021

*[Signature]*

Signature of a member or authorized representative of a member

**ELIAS JIMENEZ**

Typed or printed name of signee