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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAMACHO & ASSOCIATES LLC
Account Number : I20220000154
Phone : (323)453-5446
Fax Number : (407)350-5660

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: KAGGA9205@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
E.T.C BUSINESS L.L.C

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E.T.C BUSINESS L.L.C

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:

ELISANDER TELLEZ

Name of Person

E.T.C BUSINESS L.L.C

Firm/Company

13639 WESLEYAN BLVD

Address

ORLANDO, FL 32826

City/State and Zip Code

KAGUA9205@GMAIL.COM

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

For further information concerning this matter, please call:

ELISANDER TELLEZ

407 879-3762

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**

E.T.C BUSINESS L.L.C

(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 03/25/2022 and assigned
Florida document number L22000146586.

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)

108 W. BERESFORD AVE.

DELAND, FL 32720

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

108 W. BERESFORD AVE.

DELAND, FL 32720

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:

ELISANDER TELLEZ

New Registered Office Address:

108 W. BERESFORD AVE.

Enter Florida street address

DELAND

City

Florida 32720

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>
MGR	SOSA, JENNIFER B	13639 WESLEYAN BLVD	<input type="checkbox"/> Add
		ORLANDO, FL 32826	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TELLEZ, ELISANDER	108 W. BERESFORD AVE.	<input type="checkbox"/> Add
		DELAND, FL 32720	<input type="checkbox"/> Remove
			<input checked="" 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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

Dated OCTOBER 10 2022

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[Handwritten signature]

ELISANDER TELLEZ

Typed or printed name of signee