

L22 000 173 258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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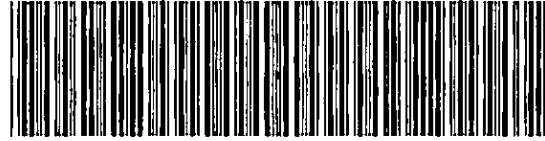
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SEP 26 2022

PM 12:51

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 23, 2022

IVAN S PONCE  
E-LEVEN ENGINEERING XXX LLC  
1745 SANS SOUCI BLVD 108  
N MIAMI, FL 33181

SUBJECT: E-LEVEN ENGINEERING XXX LLC  
Ref. Number: L22000173258

We have received your document for E-LEVEN ENGINEERING XXX LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

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) 245-6862.

Sean Toner  
Director

Letter Number: 022A00018711

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: E-LEVEN ENGINEERING XXX LLC

Name of Limited Liability Company

RECEIVED

2022 JUN -9 AM 7:52

SECRETARY OF STATE  
TALLAHASSEE, FL

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

Please return all correspondence concerning this matter to the following:

IVAN S PONCE

Name of Person

E-LEVEN ENGINEERING XXX LLC

Firm/Company

1745 SANS SOUCI BLVD 108

Address

N MIAMI, FL 33181

City/State and Zip Code

IVANSTEVE23@HOTMAIL.COM

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

For further information concerning this matter, please call:

IVAN S PONCE

407 202-0120

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**

FILED

E-LEVEN ENGINEERING XXX LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2022 SEP 26 PM 12:31

SERIES 111  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/11/2022 and assigned  
Florida document number L22000173258.

This amendment is submitted to amend the following:

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

E-LEVEN PROJECTS AND ENGINEERING 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)

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:

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**

[illegible]

[illegible]

(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)

Typed or printed name of signer

**Filing Fee: \$25.00**