

6/23/23, 11:13 AM

Division of Corporations

Florida Department of State
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(((H23000224200 3)))



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To:

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

From:

Account Name : ELO ENTERPRISES, INC
Account Number : I20150000109
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Fax Number : (954)697-0130

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

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2023 JUN 26 PM 1:10

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TEMUJIN ASSOCIATED, LLC

Certificate of Status	0
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2023 JUN 26 PM 1:43

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JUN 27 2023



June 26, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TEMUJIN ASSOCIATED, LLC
1317 EDGEWATER DR #3230
ORLANDO, FL 32804

SUBJECT: TEMUJIN ASSOCIATED, LLC
REF: L22000440212

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please disregard previous fax. This amendment is rejected as the New Registered Agent did not sign.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Operations Manager A

FAX Aud. #: H23000224200
Letter Number: 823A00014341

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEMUJIN ASSOCIATED, 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 10/13/2022 and assigned
Florida document number L22000440212.

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)

4960 NW 165th Street - Unit. B14

MIAMI GARDENS, FL 33014

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4960 NW 165th Street - Unit. B14

MIAMI GARDENS, FL 33014

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:

DENIS LEAL DO N. SILVA

New Registered Office Address:

4960 NW 165th Street - Unit. B14

Enter Florida street address

MIAMI GARDENS

City

, Florida 33014

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.

Denis Nascimento

Denis Nascimento (Jun 23, 2023 11:17 EDT)

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	DENIS LEAL DO N. SILVA	4960 NW 165th Street - Unit. B14	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS, FL 33014	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MATHEUS DA SILVA FERNANI	1317 EDGEWATER DR #3230	<input type="checkbox"/> Add
		ORLANDO, FL 32804	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

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 JUNE 23rd, 2023Denis Nascimento

Denis Nascimento (Jun 23, 2023 11:17 EDT)

Signature of a member or authorized representative of a member

DENIS LEAL DO N. SILVA - MGR

Typed or printed name of signee