

L22 000 444 042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

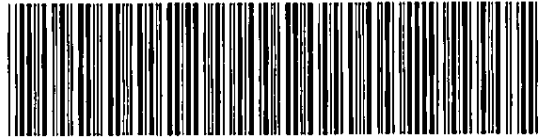
(Document Number)

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2022 NOV 10 AM 7:53

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MAR 17 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELOHIM R. B MARBLE INC

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:

DENNY CARRION

Name of Person

THE TAX CHOICE

Firm/Company

1495 FOREST HILL BLVD, STE B

Address

LAKE CLARKE SHORES, FL. 33406

City/State and Zip Code

DENNY@THETAXCHOICE.COM

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

For further information concerning this matter, please call:

DENNY CARRION

561

530-7272

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**

ELOHIM R. B MARBLE INC

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

7:22 PM 10 AM 7:53

The Articles of Organization for this Limited Liability Company were filed on 10/14/2022 and assigned
Florida document number L22000444042

This amendment is submitted to amend the following:

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

ELOHIM R.B. MARBLE INC

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:

THE TAX CHOICE

New Registered Office Address:

1495 FOREST HILL BLVD, STE B.

Enter Florida street address

LAKE CLARKE SHORES

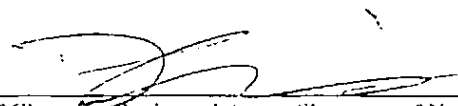
Florida 33406

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EVELYN ROMERO	1534 62ND TRL S LOT 2014,W.P.B. FL 33415	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SEYDA C. BUESO ROSALES	1534 62ND TRAIL S. LOT 2014,W.P.B. FL 33415	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

EVELIN Romero
Signature of

EVELYN ROMERO

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2023

DENNY CARRION
1495 FOREST HILL BLVD, STE B
LAKE CLARKE SHORES, FL 33406

SUBJECT: ELOHIM R.B MARBLE INC
Ref. Number: L22000444042

We have received your document for ELOHIM R.B MARBLE INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 623A00005169



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2023

SEYDA CAROLINA BUESO ROSALES
1534 62ND TRAIL S LOT 2014
WEST PALM BEACH, FL 33415

SUBJECT: ELOHIM R.B MARBLE INC
Ref. Number: L22000444042

We have received your document for ELOHIM R.B MARBLE INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY. Please complete and return the enclosed blank form(s).

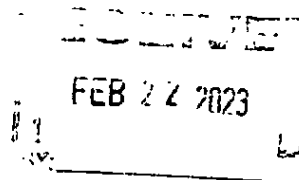
We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 523A00001843



RECEIVED
FEB 22 2023