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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

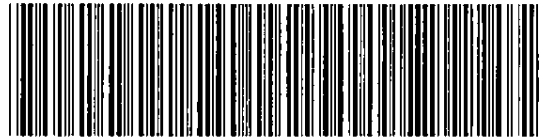
(Business Entity Name)

(Document Number)

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2024 DEC -9 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Costopoulos Ellis & Associates, 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:

Michael L. Costopoulos

Name of Person

Costopoulos Ellis & Associates, LLC

Firm/Company

195 Southwest 28th Street

Address

Okeechobee, FL 34974

City/State and Zip Code

mike@cecpa.com

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

For further information concerning this matter, please call:

Michael L. Costopoulos

863 763-1120
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

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TALLAHASSEE, FL

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	Ellis, Tiffany A	195 Southwest 28th Street	<input type="checkbox"/> Add
		Okeechobee, FL 34974	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2024 DEC -9 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FL

2021 DEC -9 AM 11:08
SECRETARY OF STATE
TAIL AMBASSIE E. P.

SECRETARY OF STATE
TAILLASSIERE

(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.

ember 2 2024

Signature of a member or authorized representative of a member

Michael L Costopoulos

Typed or printed name of signee

Filing Fee: \$25.00