

L23000119878

(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

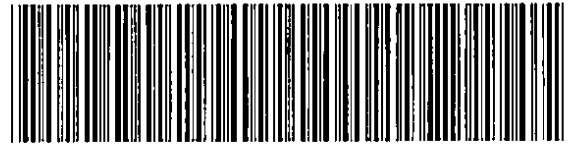
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200408684222

06/29/23--01029--001 **25.00

200408684222

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E.L.S. Drywall & Services 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:

Ezequiel Lopez Servin
Name of Person

E.L.S. Drywall & Services LLC
Firm/Company

15 Poffe Lane, 32164
Address

Palm Coast, FL 32164
City/State and Zip Code

elopez9918@yahoo.com
E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ezequiel Lopez at (386) 864-4682
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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> |
|--------------|------------------|-----------------------------------|--|
| AMBR | Eduardo Lopez S. | 15 Pope lane Palm coast FL, | <input type="checkbox"/> Add |
| | | 32164 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Ezequiel Lopez | 15 pope lane Dr. Palm coast 32164 | <input type="checkbox"/> Add |
| | | FL | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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(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),

Dated 06/23/23 , _____


Signature of a member or authorized representative of a member

Ezequiel Lopez Sorvin
Typed or printed name of signer