

L23000229221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

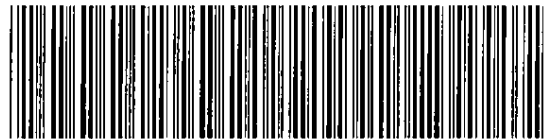
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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1. *Chlorophyll a* (Chl *a*)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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**TO: Registration Section
Division of Corporations**

SUBJECT: 3061 ELLA WAY I 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:

FARAH CRUZ
Name of Person
FAIL SAFE ACCOUNTING LLC
Firm/Company
20 S. ROSE AVE SUITE 4
Address
KISSIMMEE, FL 34741
City/State and Zip Code
INFO@FAILSAFETAX.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FARAH CRUZ at (407) 201-7988


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


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>
MGRM	GARCIA, GEORGE	13334 ALDERLEY DRIVE	<input type="checkbox"/> Add
		ORLANDO, FL 32832	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GARCIA, MARIA DEL P	13334 ALDERLEY DRIVE	<input type="checkbox"/> Add
		ORLANDO, FL 32832	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

Adding the EIN: 93-1636412

SECRETARY OF STATE
TALAHASSEE, FLORIDA
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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 _____, _____.

Signature of a member or authorized representative of a member

GEORGE GARCIA

Typed or printed name of signee

Filing Fee: \$25.00