

L23 000 558 504 (12)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

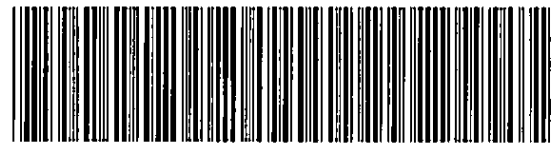
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ELASTIK EXPERT CONSULTING, 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:

Walter SAINT JUSTE

Name of Person

ELASTIK EXPERT CONSULTING, LLC

Firm/Company

1507 NORTH STATE ROAD 7 SUITE A

Address

MARGATE, FLORIDA, 33063

City/State and Zip Code

serviceselastic@gmail.com

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

For further information concerning this matter, please call:

WALTER SAINT JUSTE

+1

954-393-3749

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**

ELASTIK EXPERT CONSULTING, 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 December 20, 2023 and assigned Florida document number 1.23000558504.

This amendment is submitted to amend the following:

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

ELASTIC SERVICES, LLC

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)

2654 N ANDREWS AVENUE SUITE 2

WILTON MANORS FLORIDA 33311

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7581 NW 29TH STREET

MARGATE, FLORIDA, 33063

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SHERI TARY J. D'AMICO
CLERK OF CIRCUIT COURT
IN AND FOR FLORIDA

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:

WALTER SAINT JUSTE

New Registered Office Address:

2654 N ANDREWS AVENUE SUITE 2

Enter Florida street address

WILTON MANORS

Florida 33311

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	WALTER SAINT JUSTE	7581 NW 29TH ST MARGATE FL 33063	<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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