

L24 000 220 132

VIA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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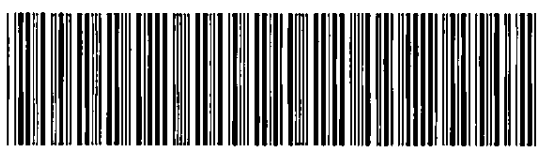
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: E & A Valencia 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:

Elder D. Valencia

Name of Person

Firm/Company

18920 NW 42nd PL

Address

Miami Gardens, FL 33055

City/State and Zip Code

eqvalenciaservices@gmail.com

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

For further information concerning this matter, please call:

Elder D Valencia

Name of Person

at ( 786 )

Area Code

474-8870

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**

E & A Valencia Services, 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 April 22, 2024 and assigned Florida document number L24000200156

This amendment is submitted to amend the following:

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

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:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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	Elder D. Valencia	18920 NW 42nd Place	<input checked="" type="checkbox"/> Add
		Miami Gardens, FL 33055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Elizabeth Leon	18920 NW 42nd Place	<input type="checkbox"/> Add
		Miami Gardens, FL 33055	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Elizabeth Leon	18920 NW 42nd Place	<input checked="" type="checkbox"/> Add
		Miami Gardens FL 33055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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.

**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 May 21, 2024

Signature of a member or authorized representative of a member

Elder D. Valencia.

Typed or printed name of signee



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Registered Agent Name](#) /

## Detail by Registered Agent Name

Florida Limited Liability Company  
E & A VALENCIA SERVICES, LLC

### Filing Information

**Document Number** L24000200156  
**FEI/EIN Number** NONE  
**Date Filed** 04/29/2024  
**Effective Date** 04/22/2024  
**State** FL  
**Status** ACTIVE

### Principal Address

18920 NW 42ND PL  
MIAMI GARDENS, FL 33055

### Mailing Address

18920 NW 42ND PL  
MIAMI GARDENS, FL 33055

### Registered Agent Name & Address

VALENCIA, ELDER D  
18920 NW 42ND PL  
MIAMI GARDENS, FL 33055

### Authorized Person(s) Detail

#### **Name & Address**

Title AP MGR  
OR  
AMGR  
LEON, ELIZABETH  
18920 NW 42ND PL X  
MIAMI GARDENS, FL 33055

### Annual Reports

**No Annual Reports Filed**

### Document Images

04/29/2024 -- Florida Limited Liability [View image in PDF format](#)