

L24 000 211 712



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

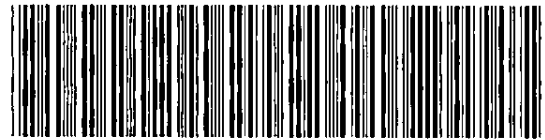
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

ELADCONORTHPORT LLC

**SUBJECT:** \_\_\_\_\_  
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:

YIFTACH ILYOV

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

306 E TYLER ST

\_\_\_\_\_  
Address

TAMPA FL 33602

\_\_\_\_\_  
City/State and Zip Code

JEFF@HADORABA.COM

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

For further information concerning this matter, please call:

YIFTACH ILYOV

323 383-3347

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

**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	YIFTACH IL'YOV	306 E TYLER ST	<input type="checkbox"/> Add
		TAMPA FL 33602	<input checked="" type="checkbox"/> Remove
		306 E TYLER ST	<input type="checkbox"/> Change
MGR	RONEN MONTYANO	TAMPA FL 33602	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ONE OAK CAPITAL LLC	306 E TYLER ST	<input type="checkbox"/> Add
		TAMPA FL 33602	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	STARS & STRIPES GROUP LLC	306 E TYLER ST	<input checked="" type="checkbox"/> Add
		TAMPA FL 33602	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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 08/15, 2024

Ronen Montano  
Typed or printed name of signer