

L24000335953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

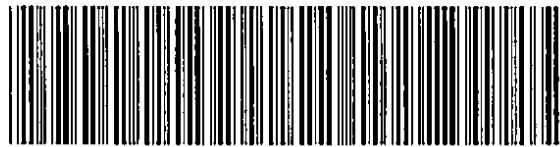
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TALLAHASSEE, FL

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ELISEO GENERAL CONTRACTOR, 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:

Noemi Berrios Amaro

Name of Person

Amaro Tax Solutions, Inc.

Firm/Company

2003 W Cypress Creek Road, Suite 100

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

amarotaxsolutionsinc@gmail.com

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

For further information concerning this matter, please call:

Noemi Berrios Amaro

954

258-7218

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

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STATE
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ELISEO GENERAL CONTRACTOR, 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 July 30, 2024 and assigned
Florida document number L24000335953.

This amendment is submitted to amend the following:

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

ELISEO 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)

613 S STATE ROAD 7, APT. 3F

NORTH LAUDERDALE, FL 33068

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

613 S STATE ROAD 7, APT. 3F

NORTH LAUDERDALE, FL 33068

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:

Noemi Berrios Amaro

New Registered Office Address:

2003 W Cypress Creek Road, Suite 100

Enter Florida street address

Fort Lauderdale

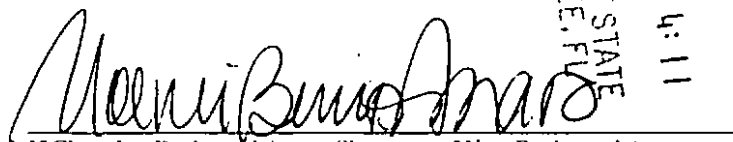
City

Florida 33309

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



STATE
OF FLORIDA
DEPARTMENT OF BANKING AND FINANCE
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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	Jose Guevara Rivera	613 S STATE ROAD 7	<input type="checkbox"/> Add
		NORTH LAUDERDALE, FL 33068	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jose E. Guevara Rivera	613 S STATE ROAD 7, APT. 3F	<input checked="" type="checkbox"/> Add
		NORTH LAUDERDALE, FL 33068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Blank lines for amending information.

E. Effective date, if other than the date of filing: N/A (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 December 13, 2024

JEGR
Signature of a member or authorized representative of a member

JOSE ELISEO GUEVARA RIVERA
Typed or printed name of signee

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TALLAHASSEE, FL