

APR 20 2016  
S. YOUNG

**HINES NORMAN HINES, P.L.**

**ATTORNEYS AT LAW**

**JAMES P. HINES  
CHRISTOPHER H. NORMAN  
JAMES P. HINES, JR.  
ROBERT D. HINES  
KELLY N. CATOE  
MICHELE L. CLINE  
G. WREDE KIRKPATRICK  
SUZANNE R. ESCHRIC**

315 S. Hyde Park Avenue  
Tampa, Florida 33606  
(813) 251-8659  
Fax (813) 254-6153  
www.hnh-law.com

OFFICES IN:  
  
HYDE PARK  
SUN CITY CENTER  
NORTH TAMPA

April 15, 2016

**Via Certified Mail No.: 7015 1520 0002 9076 1107**  
**Return Receipt Requested**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: ELAN Management, LLC – Limited Liability Company Reinstatement**  
**Name Change Amendment – ELAN Family Management, LLLC**  
**Document Number: L99000001405**

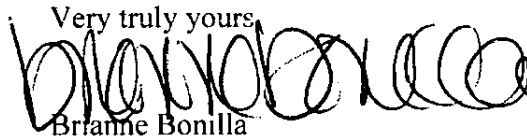
FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
16 APR 19 PM 2:19

Dear Sir or Madam:

Enclosed herein please find the Limited Liability Company Reinstatement form and Articles of Amendment – Name Change, for the above-referenced company. Also enclosed, please find a check in the amount of \$541.25 for the balance of the reinstatement fee and amendment fees.

Should you have any questions, do not hesitate to contact our office.

Very truly yours,



Brianne Bonilla

*Legal Assistant to James P. Hines*

/bcb  
enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ELAN Management, 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:

Nancy J Keim - Manager

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

ELAN Management, LLC

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

1315 Oxmoor Court

\_\_\_\_\_  
Address

Valrico, FL 33596

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

nancyjkeim@gmail.com

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

For further information concerning this matter, please call:

Nancy J. Keim

813

545-2853

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

16 APR 19 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

ELAN Management, 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 03/08/1999 and assigned  
Florida document number L99000001405.

This amendment is submitted to amend the following:

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

ELAN Family Management, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**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          | Keim, Nancy J Trustee    | 1315 Oxmoor Court | <input checked="" type="checkbox"/> Add    |
|              |                          | Valrico, FL 33596 | <input type="checkbox"/> Remove            |
|              |                          |                   | <input type="checkbox"/> Change            |
| MGR          | Keim, Lawrence J Trustee | 1315 Oxmoor Court | <input type="checkbox"/> Add               |
|              |                          | Valrico, FL 33596 | <input checked="" 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            |
|              |                          |                   | <input type="checkbox"/> Add               |
|              |                          |                   | <input type="checkbox"/> Remove            |
|              |                          |                   | <input type="checkbox"/> Change            |
|              |                          |                   | <input type="checkbox"/> Add               |
|              |                          |                   | <input type="checkbox"/> Remove            |
|              |                          |                   | <input type="checkbox"/> Change            |

FILED STATE  
 SECRETARY OF FLORIDA  
 TALLAHASSEE, FLORIDA  
 16 APR 19 PM 4:19

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

16 APR 19 PM 2:19

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 APR 19 PM 2:19

**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 April 15, 2016

\_\_\_\_\_, \_\_\_\_\_  
*Nancy J. Kim* Trustee  
 Signature of a member or authorized representative

Signature of a member or authorized representative of a member

**Nancy J. Keim, Trustee**

Typed or printed name of signee