

# M20000010198

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : ELO ENTERPRISES, INC  
Account Number : 120150002109  
Phone : (561)544-8862  
Fax Number : (954)697-0130

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: sales@eloenterprises.us

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DVBF FINANCIAL GROUP LLC**

Certificate of Status	0
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Page Count	01
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TALLAHASSEE, FLORIDA

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K. SALY

JAN 14 2022

H220000160833

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: DVBF FINANCIAL GROUP LLC

Enter new principal office address, if applicable: 4700 NW Boca Raton Blvd #202

(Principal office address  
MUST BE A STREET ADDRESS)

Boca Raton, FL 33431

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

4700 NW Boca Raton Blvd #202

Boca Raton, FL 33431

2. The Florida document number of this limited liability company is: M20000010198

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/10/2020

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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*

\_\_\_\_\_, Florida \_\_\_\_\_  
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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DENIS LEAL N SILVA	8012 NW 68TH ST.	<input type="checkbox"/> Add
		MIAMI, FL 33166	<input checked="" type="checkbox"/> Remove
AMBR	STAYBRIDGE HOLDING CORP.	4700 NW Boca Raton Blvd #202	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33431	<input type="checkbox"/> Remove
AMBR	BLACK POWER CAPITAL R. CORP.	4700 NW Boca Raton Blvd #202	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33431	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

DENIS LEAL N SILVA

Typed or printed name of signee

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