

# M20000010198

1/13/2022 1:18 PM

Division of Corporations

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H22000016083 3)))



H22000016083 3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From:  
Account Name : ELO ENTERPRISES, INC  
Account Number : I20150002109  
Phone : (561)544-8862  
Fax Number : (954)697-0130

2022 JAN 13 PM 5:16  
FILED  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**\*\*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       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

2022 JAN 13 PM 1:28

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

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)

FILED 2022 JAN 13 PM 5:16 RECEIVED MAIL ROOM FALLAHASSEE, FLORIDA

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:

4700 NW Boca Raton Blvd #202

(Mailing address MAY BE A POST OFFICE BOX)

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

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

H220000160833

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

FILED  
2022 JAN 13 PM 5:16  
TALLAHASSEE, FLORIDA