L120000 30352

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	<u></u>
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	





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NOVIONAL SECTIONS AND SECTIONS

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COVER LETTER

	Registration Se Division of Cor				
CUDIEC	Elite the Ho	ome Management Group, LLC			
SUBJEC	Name of Limited Liability Company				
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	um all correspo	ndence concerning this matter	to the following:		
		Dennis Colon			
			Name of Person		
		Elite the Home Manageme	nt Group, LLC		
			Firm/Company		
	1627 E. Vine St. Suite 210				
			Address		
		Kissimmec, FL 34744			
			City/State and Zip Code		
		cflhomemanagement@gmai			
		E-mail address: (t	to be used for future annual report notifi	cation)	
For furthe	r information co	oncerning this matter, please ca	all:		
Dennis C	olon		407 953-7475 at ()		
	Name of	f Person	at (at Code Daytime	Telephone Number	
Enclosed	is a check for th	ne following amount:			
\$25.0	0 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite the Home Management Group, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L12000030352.	y were filed on 03/02/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1627 E. Vine St. Suite 210	
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee, FL 34744	Po B
	,	
		The same of the sa
Enter new mailing address, if applicable:		(i) 27
(Mailing address MAY BE A POST OFFICE BOX)		
		$\mathbb{Q}_{\mathbb{N}}$ ω
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		rds, enter the name of the new
Name of New Registered Agent: Dennis Colon		
New Registered Office Address: 1627 E. Vine	St. Suite 210	
	Enter Florida street add	ress
Kissimmee	,	Florida <u>34744</u>
	City	Zip Code

New Registered Agent's Signature, it 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 timited 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 = 1 AMBR = 1	vianager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			☐ Change
MGR	David Cabrera	2407 Josefina St.	■ Add
		Kissimmee, FL 34744	Remove
			Change
			Add
			□ Remove
			□ Change
			Remove
			□ Remove □ Change
			□ Add
			□ Remove
			□ Change

D. If ame	ending any other information	on, enter change(s) here: (Attach additional sheets, if no	ecessary.)
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(If an effo <u>Note:</u>	ve date, if other than the da ective date is listed, the date must be If the date inserted in this block ent's effective date on the Depa	e specific and cannot be prior to date of filing or more than 90 days af c does not meet the applicable statutory filing requirements, t	otional) fter filing.) Pursuant to 605.0207 (3)(b) this date will not be listed as the
	ord specifies a delayed e 90th day after the record	iffective date, but not an effective time, at 12:01 d is filed.	l a.m. on the earlier of:
Dated .	November 12	, 2015	
	Sig	gnature of a member or authorized representative of a member	
	Dennis Colon	Total and the Science Color	2815 HOV
		Typed or printed name of signee	ASS CONTRACTOR OF THE PROPERTY
		Page 3 of 3	TT) TT. PROMINEN
		Filing Fee: \$25.00	TE SAME TO SAM