## 118000250986

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

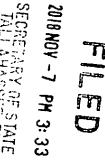
Office Use Only



300320365163

11/87/16--01012--028 \*+25.00





## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Clite Home. Name of Lim	Sales & Managited Liability Company	gement LC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CUETIS	Name of Person	
	<u> Elite 14</u>	ONE Sals & Manag Firm/Company	rementice
	POBOX S	2281 Naples Fl	34106
	Naples	FL 34/06 City/State and Zip Code	
	CURMEG	City/State and Zip Code  -MAR @MSW.COM  to be used for future annual report notif	
For further information c	encerning this matter, please ca		(Catton)
Custi	Masslen of Person	at (970) 379	DOIT Telephone Number
Enclosed is a check for t	he 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)
	ING ADDRESS	CTDEET/COLIDI	PR ADDRESS.

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

FILED

Elite Home Sales	¿ Mamo	age messella HO	V-7- PM 3: 33
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appear Liability Company)	arton our records. SECRE	TARY OF STATE
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000250986</u> .		Cotoloer 25	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company h	<u>iere</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the	designation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		on our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	orida street address	
	, Florida		
	City	,	Zip Code
Now Donietored Agent's Signature if changing Pegistered Agent			

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 **Type of Action** <u>Name</u> Address Title CURTIS MARSOEN ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add \_□ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Add ☐ Remove \_□ Change □ Add ☐ Remove \_□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	_
	<del>-</del>
	_
	_
	_
	_
	_
	_
	_
	-
	_
	_
E. Effective date, if other than the date of filing: November 7 3018 (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 60 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	05.0207 (3)(b sted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl (b) The 90th day after the record is filed.	lier of:
Dated November 208 2018	
Custos Massam Signature of a member or authorized representative of a member	
CURTIS MARSDEN	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00