## 1000004782

	(Req	uestor's Name)	
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T. HAMPTON

MAY 27 2010

EXAMINER

## **COVER LETTER** .

Division of Cor			
SUBJECT:	Elite In	vestors, LLC	
SUBJECT		ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	The F	Private Client Law Group	
		14th Street, Suite 2710 Address	
		Atlanta, GA 30309	
City/State and Zip Code			
	F-mail address: ()	amilkie@tpclg.com to be used for future annual report no	otification)
For further information	concerning this matter, please of	-	<b></b>
ror turner information	concerning this matter, picase c	an.	
	ngela Milkie	at (_404_)	974-3484
Name	of Person	Area Code & Day	time 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 enclo	Sed) \$60.00 Filing Fee, Certificate of Status & Sed) Certified Copy (additional copy is enclosed)
MAII	LING ADDRESS:	STREET/COU	FRIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite Ir	nvestors, LLC				
(Name of the Limited Liability C (A Florida Lin	Company as it now apprinted Liability Compan	y).			
The Articles of Organization for this Limited Liability Company were filed on					
Florida document numberL1000004782					
This amendment is submitted to amend the following:	٠.				
A. If amending name, enter the new name of the limite	d liability company	here:			
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Co	mpany," the designation "LL	C" or the al	bbreviation	
Enter new principal offices address, if applicable:			<del> </del>	ت	
(Principal office address MUST BE A STREET ADDRE	<u> </u>		= =	_ <u>₹</u>	
				<u>500</u>	
			X A	<b>光</b> 節	
Enter new mailing address, if applicable:			26		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del> -		PH	- <u> </u>	
William Control of the Book		· · · · · · · · · · · · · · · · · · ·		30	
			<del>-</del>	ATE OF THE OF	
B. If amending the registered agent and/or register	red office address o	n our records, enter the	e name of	fer new	
registered agent and/or the new registered office addre	ss here:				
Name of New Registered Agent:					
New Registered Office Address:		<del></del>			
		Enter Florida street addre	ess		
<u> </u>		, Florida			
	City		Zip Code		
No. 10 to 14 to 00 to 16					

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title Name** Address **Type of Action** MGR Clifford L. Sandoz 250 Ridge View Drive √ Add Demorest, Georgia 30535 Remove Michael Procaccini MGR 7985 113th Street North **✓** Add Suite 330 Seminole, Florida 33772 ☐ Add Remove ☐ Add Remove  $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 25 2010

Typed or printed name of signee
Page 2 of 2

Signature of a member or authorized representative of a member

Bryan Galat

Filing Fee: \$25.00