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B. BOSTICK
MAR 1 2 2012
EXAMINER

COVER LETTER

	istration Sedision of Corp				
SUBJECT:	ELM	E THVESTI Name of Limi	MENT GROSP, Lited Liability Company	<u>_</u>	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		PETER G	Name of Person	ALL	12 MX 12 SECTION AHASS
			Firm/Company		E III
		211 TIM	Address RO		T. OO
		PETER SE-mail address: (City/State and Zip Code ALCOL. COM to be used for future annual report notifica	12_	
For further in	formation co	oncerning this matter, please c	rall:		
_ 程讯	Name of	Person	at (<u>850)</u> 510 · 78 Area Code & Daytime T	S64 Celephone Number	
Enclosed is a	check for th	e following amount:			
\$25.00 Fi	ling Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certificate of Certified Confeducational confeducation (additional confeducation)	f Status &
MAILING ADDRESS:		NG ADDRESS:	STREET/COURIE		•

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

ELLIE THIESIME		<u></u>
(Name of the Limited Liabil (A Florid	lity Company as it now appears on of a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number LOZOOO(8	y Company were filed on $\frac{7}{2}$	4/02 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	imited liability company here:	·
ELITE INVESTMENT GRO	OP OF TALLAMASSE	te lile
The new name must be distinguishable and end with the v "L.L.C."		
Enter new principal offices address, if applicable:	· · · .	CO 2. CAMPAGE
(Principal office address MUST BE A STREET AD	DRESS)	S
·		
Enter new mailing address, if applicable:		00 RIDA
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	·	,
	Enter Fl	orida 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 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:

4

MGR = Manager

MGRM = Managing Member Title Address Type of Action ☐ Add Remove \prod Add Remove ☐ Add ☐ Remove Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. Dated_ Signature of a member or authorized representative of a member PETER GONZALEZ. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00