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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Elect. LLC				
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing		
	ondence concerning this matter	-		
, control control control per				
	Birch, Charles D			
		Name of Person		
	Eleet, LLC		N	<u>-</u> .
		Firm/Company	22 AUG	¥1516
	5793 Commerce Lane	7		:X:
		Address		CURR
	South Miami, FL 33143	City/State and Zip Code	AM 8: 48	TAISION OF CORE ORATION
	debra@eleetcabinetry.com	City/state and Zip Code	άc	-
	E-mail address: (to be used for future annual report notil	ication)	
For further information c	oncerning this matter, please c	all:		
Debra Blrch		at (305) 301-0353		
Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for the	ne 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)	
Mailing Address Registration S		Street Address: Registration Sec	ction	
Division of C	Corporations	Division of Corp	porations	
P.O. Box 632 Tallahassee, 1		The Centre of T	allahassee 2 Street, Suite 810	
rananassee, i	1 15 7 5 7 1 4	2410 N. MOHIOC	. Succe, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eleet, LLC		
(Name of the Lim	nited Liability Company as it now appears on our records. (A Florida Limited Liability Company)	,1
The Articles of Organization for this Limited	Liability Company were filed on 02/07/2003	and assigned
Florida document number L03000004706	·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC"	
Enter new principal offices address, if appl	icable:	aviši 22 k
(Principal office address MUST BE A STRE		UG Char
Timelyal office and ess most be his he	ET (IDD/REd.)	<u> </u>
		<u> </u>
		8 0
Enter new mailing address, if applicable:		<u> </u>
<u>(Mailing address MAY BE A POST OFFICI</u>	<u> </u>	
gent and/or the new registered office addr	registered office address on our records, <u>enter tl</u> ress here:	he name of the new regis
Name of New Registered Agent:	No.	
New Registered: Office Address:	c5793 Commerce Lane 1	
	Enter Florida street address	
	South Miami , Flor	rida 33143
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			☐ Change
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<u>lote:</u> If t	e date is listed, the date must ne date inserted in this blo	ock does not me	et the applica	ble statutory	or more dian 9 filing require	nents, this dat	e will not be l	histed a
ocument	s effective date on the De	partment of Sta	de s records.					
record sp	ecities a delayed effective	e date, but not a	n effective tii	ne, at 12;01 a	.m. on the ea	dier of: (b) T	he 90th day a	fter the
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		Signature of a me						