#L06000020655

| (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: CORRECTIONS PER CONVERSATION WITH VITO BADALAMENTI 9-5-2013 KS |

Office Use Only



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09/03/13--01053--010 **25.00

13 SEP -3 PM 3: 37
SECRETARY OF STATE

K.SALY EXAMINER SEP - 5 2013

COVER LETTER

| TO: Registration So Division of Con | | | |
|--|--|--|---|
| SUBJECT: | | Prise L.C. | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Vito Bad | Name of Person | |
| | 55W. Ch | Firm/Company Address | · · · · · · · · · · · · · · · · · · · |
| | Orlando! | F1 30801 City/State and Zip Code | |
| | E-mail address: (to | o be used for future annual report notification | on) |
| For further information of | concerning this matter, please ca | all: 916 | 8 |
| Vito Bo | danerti f Person | at (407) 719 - Area Code & Daytime Tele | ephone Number |
| Enclosed is a check for the | 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 |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

FILED

13 SEP -3 PM 3: 37

SECAETARY OF STATE
FALLAHASSEE, FLORIDA

Elite Enter prise LIC. PALLATI

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------------------|---|----------------|
| ngrn | Vito Badalamenti | 55 W. Church St. # 211 | Add |
| | | 55 W. Church St. # 211 Orlando, Fl 32801 | Remove |
| Pro D | | | |
| 1701 | posto Lazie | | Add |
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| D. Íf an | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|----------|---|
| , | Change Title OF BOSKO LAZIC TO MGR |
| | |
| | |
| | |
| | |
| Dated | |
| | Soldon Soldon |
| | Signature of a member or authorized representative of a member |
| | Vito Dadala Age (+1) Typed or printed name of signee |
| | Appear of printed finite of signer |

Page 3 of 3

Filing Fee: \$25.00