

LD6000059297

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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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M. THOMAS

JUL - 8 2008

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Elite Manufacturing, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rudolf Harper  
(Name of Person)

Elite Manufacturing, LLC  
(Firm/Company)

348 Miracle Strip Parkway, Suite# 34  
(Address)

Fort Walton Beach, Florida 32548  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rudolf Harper at ( 888 ) 270-0235  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Elite Manufacturing, LLC

(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 June 9, 2008 and assigned  
Florida document number L06000059297.

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:**

348 Miracle Strip Parkway, Suite# 34

**(Principal office address MUST BE A STREET ADDRESS)**

Fort Walton Beach, Florida 32548

**Enter new mailing address, if applicable:**

548 Mary Esther C/O# 334 NW

**(Mailing address MAY BE A POST OFFICE BOX)**

Fort Walton Beach, Florida 32548

**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:

Rudolf Harper

New Registered Office Address:

348 Miracle Strip Parkway, Suite# 34

*(Enter Florida street address)*

Fort Walton Beach

*(City)*

Florida 32548

*(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:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Robert Morgan	348 Miracle Strip Parkway, Suite# 34	<input type="checkbox"/> Add
		Fort Walton Beach, Florida 32548	<input checked="" type="checkbox"/> Remove
MGR	Greg Rynearson	348 Miracle Strip Parkway, Suite# 34	<input checked="" type="checkbox"/> Add
		Fort Walton Beach, Florida 32548	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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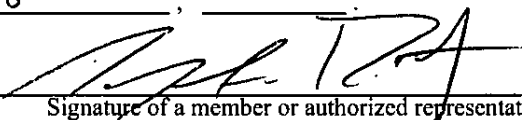


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Dated 7-3-08

  
Signature of a member or authorized representative of a member

Greg Rynearson

Typed or printed name of signee