

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	_
(Business Entity Name)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Elife Pavers of Tampa Bay, LLC
SUBJECT: Elite Pavers of Tampa Bay, 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:
Kimberly White Name of Person
Elite Tropical Gardens Firm/Company
25350 Oaks Blud
Land o' Laves, FL 34639 City/State and Zip Code
elitetropical gardens@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wimberly With at (813) 805-0277 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

File Pavers of Tampa Bay LLC

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<u>re</u> :
esignation "LLC" or the abbreviation "L.L.C."
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ecords, enter the name of the new registers

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

__, Florida ___

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
			□Remove
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Faativa	date, if other than the date of filing: (optional)	
n effecti <u>ste:</u> If t	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.)20° d as
ecord s is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ted	April 1 . 2024.	
	$\mathcal{I}_{\alpha}/\alpha \Lambda$	
	Signature of a member or authorized representative of a member	