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SECRETARY OF STATE
TALL AND SEEF FLORIDA

D. SCOTT 0CT 2 0 2016

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: ELITE ESTATE INVESTMENTS LLC Name of Limited Liability Company
Tunio of Elimed Elability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vipul B Mantora Name of Person Elite estate Investments Lice Firm/Company
PO BUX 600047 Address
City/State and Zip Code TAXXSIC @ gwail. com E-mail address: (to be used for future angual report polification)
For further information concerning this matter, please call:
City/State and Zip Code TAXKS K @ qwail. (OW) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Vipul Mumtora at (904) 233 - 3777557 877 877 877 877 877 877 877 877 8
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations Clifton Building Tallahassee, FL 32314

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		TUNE		ENIS	しして
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now Limited Liability Com	appears on our ipany)	records.)		
The Articles of Organization for this Limited Liability Conformal Florida document number	<u>1</u> 9894		04)20	の子 and ass	signed
an in amending name, enter the new name of the mine	cu nability comp	any nere.			
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)			 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				SEOT NALL	
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		ess on our re	ecords, ente	OCT 20me	of the new
Name of New Registered Agent:				CRIDA CRIDA	
New Registered Office Address:	En	nter Florida 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 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
MGRM	SHAH ARPIT 1	1 2617 Pecan place	□ Add
		JACKSONVIlle FL32259	KRemove
			Change
			□ Add
			Remove
			Change
NPA .			Add
			□ Remove
			Change
			Add
		ALL AH	
		ASSE	
		TORIDA	Add
			☐ Remove
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If amending any other	miormation, ente	n change(s)	nere: (Allaci	n aaamonai sne	eis, y necessai	<i>'y.)</i>		
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ffective date, if other	than the date of fi	iling:			(optional)		
an effective date is listed, the lote: If the date inserted	in this block does n	not meet the a	applicable statut					
ocument's effective date	on the Department	of State 5 let	corus.					
e record specifies a			it not an effe	ective time, at	: 12:01 a.m.	on the	earl	ier o
The 90th day after	the record is file	ea.				SEC	5	
Pated 10	112	,	016.				130	
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	Signature of	of a member of	r authorized repre	esentative of a men	nber		差	
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	IPUL		printed name of) A	9	

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Filing Fee: \$25.00