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EXAMINER



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SECRETARY OF STATE DIVISION OF CURPORATIONS

COVER LETTER

TO: Registration S Division of Co	ection rporations		
SUBJECT: E	LITE - LIST INVO	ES7mを~TS , L LC ited Liability Company)	
	(Name of Lim	ited Liability Company)	
•			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	1
Please return all corresp	ondence concerning this matter	to the following:	
	JOSEPH I	(Name of Person)	
		(Name of Person)	
	ELITE - LIST	(Firm/Company)	_
		(Firm/Company)	
	12615 B	ISCAYNE LT.	
		(Address)	
	NAPLES	/FL 34/05 (City/State and Zin Code)	
		(City/State and Zip Code)	
	concerning this matter, please c		
JOS EPH	RICHICHI	at (239) 405 - 16 (Area Code & Daytime T	455
(INAIIIC	or reison)	(Area Code & Daytime 1	elephone Number)
Enclosed is a check for	•		
\$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 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· ELITE - LIST INC					
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it nov Limited Liability Co	w appears on oumpany)	ur records.		
The Articles of Organization for this Limited Liability (Company were filed	on 05/	12/08	and assi	gned
Florida document number <u>L08000047478</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability comp	any here:			
The new name must be distinguishable and end with the wo	ords "Limited Liabilit	y Company," th	e designation "I	LLC" or the al	obreviation
Enter new principal offices address, if applicable:	/2	615 31	SCAYNE	CT.	
(Principal office address MUST BE A STREET ADD	RESS) A/A	APLES,	FL 34	\°~ \$	VISE
Enter new mailing address, if applicable:		APLES,		10 26 1	ONE TARY
(Mailing address MAY BE A POST OFFICE BOX)	NA	615 B13	SLA 341	• C 0	The same of the sa
B. If amending the registered agent and/or registered agent and/or the new registered office add	<u>lress here</u> :				
Name of New Registered Agent:	JOSEPH A	ICHICH!	<u></u>		
New Registered Office Address:	Joseph R 2615 BIS	CAYNE (Enter Fl	27. orida street ad	ldress)	
	IAPLES (City)		, Florida	34105	
				(Zip Code	e)
New Registered Agent's Signature, if changing Register	ed Agent:				

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>ngrm</u>	JOSEPH RICHICHI	12615 BISCATNE CT. NAPLES, FL 34105	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If amend	ling any other information, enter char	age(s) here: (Attach additional sheets, if necessa	ry.)
		***************************************	., ,
Dated	OVEMBER 21 , 2	2008	

Page 2 of 2

Filing Fee: \$25.00