## 208000047601

Office Use Only



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SECRETARY OF STATE

## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

> P.O. Box 6327 Tallahassee, FL 32314

| SUBJECT: The Eli                          | te Companies of So                          |  | <u></u>         | Đ   |   |
|---|---|--|-----------------|---|---|
|   | (Name of Lim                                | nited Liability Company)   |                 |   |   |
|   |   |  |                 |   |   |
| The enclosed Articles of                  | Amendment and fee(s) are sub                | omitted for filing.  |                 |   |   |
| Please return all correspo                | ondence concerning this matter              | to the following:  |                 |   |   |
|   |   |  |                 |   |   |
|   | James J. Tufo                               |  |                 |   |   |
|   |   | (Name of Person)   |                 |   |   |
|   | The Flite Commence of                       | Carab Elected 11 O   |                 |   |   |
|   | The Elite Companies of                      | (Firm/Company)   |                 | 3   |   |
|   |   | (rim/Company)  |                 | 产资 喜  | _ |
|   | 3147 Jupiter Park Circle,                   | Ste 2  |                 | 2000 DEC 31 PM 4: 03 SECRETARY OF STATE TALLAHASSEE, FLORID |   |
|   |   | (Address)  |                 | 55 3  | F |
|   |   |  |                 | HO TO   | , |
|   | Jupiter, FL 33458                           |  |                 | 7.0   |   |
|   |   | (City/State and Zip Code)  |                 | 92 5  |   |
| C 64 'C 4                                 |   |  |                 | STA CO  |   |
| For runner information of                 | oncerning this matter, please of            | call:  |                 |   |   |
| Andrea Roman                              |   | at ( 561 ) 748-7044  |                 |   |   |
| (Name of Person)                          |   | (Area Code & Daytime T   | elephone Number | r)  |   |
|   |   | . •  |                 |   |   |
| Enclosed is a check for the               | ha fallawing amount                         |  |                 |   |   |
|   | •   |  |                 |   |   |
| □ \$25.00 Filing Fee                      | ☑\$30.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified       | te of Status &  |   |
|   | ING ADDRESS:                                | STREET/COURIER Registration Section                                | ADDRESS:        |   |   |
| Division of Corporations<br>P.O. Box 6327 |   | Division of Corporation  | ons             |   |   |
| P.O. BOX 0327                             |   | Clifton Building   |                 |   |   |

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The Elite Companies of South Florida, LLC   |  |  |  |
|---|--|--|--|
| (Name of the Limited Liability Company as it a<br>(A Florida Limited Liability)   | now appears on our records.)<br>Company) |  |  |
| The Articles of Organization for this Limited Liability Company were fill Florida document number L08000047601                            |  |  |  |
| This amendment is submitted to amend the following:   |  |  |  |
| A. If amending name, enter the new name of the limited liability con  | mpany here:                              |  |  |
| The new name must be distinguishable and end with the words "Limited Liab "L.L.C."  |  |  |  |
| Enter new principal offices address, if applicable:   | 70.80 D                                  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   | THAT I                                   |  |  |
|   | 35 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   |  |  |
| 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 here:  Name of New Registered Agent:  New Registered Office Address: |  |  |  |
|   | (Enter Florida street address)           |  |  |
| (City)  | , Florida(Zip Code)                      |  |  |
| New Registered Agent's Signature, if changing Registered Agent:   | (Esp. Cone)                              |  |  |

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 of Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| <u>Title</u>   | Name                                 | Address  | Type of Action    |
|----------------|--------------------------------------|--|-------------------|
| MGRM           | JON ALLY                             | 3611 SE LEONARD LANE<br>STUART, FL 34997           |                   |
|                |                                      |  | Add Remove        |
|                |                                      |  | Add Remove        |
|                |                                      |  | Add Remove        |
|                |                                      |  | ASSESSED ASSESSED |
|                |                                      |  | Add Comove Remove |
| D. If amending |                                      | e(s) here: (Attach additional sheets, if necessary |                   |
|                |                                      |  |                   |
| Dated Decembe  | r 29 , 2008                          |  | <del></del>       |
|                | Signature of a member  James J. Tufo | or authorized representative of a member           | <del></del>       |
|                |                                      | or printed name of signee Page 2 of 2              |                   |

Filing Fee: \$25.00