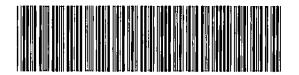
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TO: Registration Sec Division of Corp		•	
SUBJECT: D	I E Con CK	Eft / LL ted Liability Company	<u>.c.</u>
	Amendment and fee(s) are subm		
Please return all correspo	ndence concerning this matter t	to the following:	
	EDWAR	Name of Person	
	Elite Co	PICKETE //	LLC.
	820 Cp	1, CORNA =	ST
	1411	City/State and Zip Code	of _
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notif	leation)
For further information co	oncerning this matter, please ca	all:	
EDWARD Name o	PORCHE	at (850) <u>59/-</u> Area Code Daytime	2373 : Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number_ 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Φ 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: PS Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida 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 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
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ote: If the date inserted in this block does not meet the applicable statutory filing requirements	s, this date will not be lis	ted as
ocument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o	of: (b) The 90th day aft	er the
l is filed.		
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Signature of a member or authorized representative of a member		

Filing Fee: \$25.00