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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

DEC 1 6 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Elite Team Counsulting a Promotions 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:
Andrea Butter (Name of Person)
El He Team Evento Planning Firm (Firm/Company)
Mol Burnett St (Address)
Brooklyn Ny [122G (City/State and Zip Code)
For further information concerning this matter, please call:
Actived Botter at (917) 2499 0079 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

SECRETARY OF STATE
IVISION OF CORPORATIONS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite Team Consultion (Name of the Limited Liability Consultion) (A Florida Limited Liability Consulting)	ompany as it now ap ited Liability Compa	omotions opears on our records. ony)	LLC D	
The Articles of Organization for this Limited Liability Complex document number 10800111820.	pany were filed on	12/8/08	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company	here:		
Elite Team Event Plane The new name must be distinguishable and end with the words " L.L.C."	Limited Viability C	ompany," the designation	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	189	0 6 m	atternorn Dr	
(Principal office address MUST BE A STREET ADDRES	(2)	rlando I PL	30818	
Enter new mailing address, if applicable:			•	
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		on our records, en	ter the name of the new	
Name of New Registered Agent:				
New Registered Office Address:		(Futou Flouida atua	at addresse)	
	(Enter Florida street address)			
	(C':)	, Florid	a(Zip Code)	
	(City)		(Zip Coae)	

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

MGR = Manager

MGRM = M	anaging Member		
<u>Title</u>	Name	Address	Type of Action
MUR	Kinda Girant	1890 matternorn Dr Orlando FL 30018	Add Remove
MG R	Andrea Butter	1890 Matternorn Dr Orlando FL 82818	Add Remove
	·		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	SEGRETARY OF STATE STATE OF CORPORATIONS OBDEC 15 PH 1:47
Dated	Signature of a member	or authorized representative of a member	
	Typed (or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00