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SECNETARY OF STATE
FALLAHASSEE, F. STATE

D. BRUCE

APR 20 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	AMENITY ELITS	E LLC	
	Name of Lim	ited Liability Company	
The analog Amide of	S A	harman C. Cl.	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		son Levoy	
		Name of Person	
	Casin	Firm/Company	ne
	S25\$	SW 38 TH DVC Address	
	Houy	Soon, FL 33312 City/State and Zip Code	— #
			F. 5
	E-mail address: (	to be used for future annual report notification)	
For further information	concerning this matter, please of		PR 19 PM 3:35 HARY'OF STATE Imber
<del></del>			PH 3: 35
Jason	LCVOY	at (954) 665 6559  Area Code & Daytime Telephone Nu	
Name (	of Person	Area Code & Daytime Telephone Nu	imber Din Si
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	0 Filing Fee, tificate of Status & tified Copy litional copy is enclosed)
Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations tox 6327 assee, FL 32314	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	<b>SS:</b> 

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AMERITY ELITE, L	LLC		
Mame of the Limited Liability Co (A Florida Limited Liability Co	mpany as it now appears of ted Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on	20   2009	and assigned
Florida document number <u>L09000030601</u> .			
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 end with the words "	LC		
"L.L.C."			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES,	<u>5255</u> 54	1 38 TH AUE	
(Principal office address MUST BE A STREET ADDRES.	<u>s) Horrywood</u>	FL 33	312
		Š	
Enter new mailing address, if applicable:	Same	Ä	
(Mailing address MAY BE A POST OFFICE BOX)		SEE	20 1-
		77	g ₹ III
		0 20	# <b>O</b>
B. If amending the registered agent and/or registered	d office address on our	records, enter	the came of the new
registered agent and/or the new registered office address			
Name of New Registered Agent:  New Registered Office Address:  525	acas / synd		
Name of New Registered Agent:	ason Eerog	-	
New Registered Office Address: 525	5 SW 38 171	AUE	· · · · · · · · · · · · · · · · · · ·
	Enter	Florida street ada	iress
1-10	LLYWOOD	, Florida	33312
	' City		Zip Code
New Registered Agent's Signature, if changing Registered Ag			

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

Page 1 of 2

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 = Managing Member **Type of Action Address Title Name** 8433 HOWYHOCK AVE SEMINALE KL 33777 1998 IMPERIAL GOLF COURSE BLUD Add
NAPISS, FL 34110 Remove MGRM CASINO MASSAGE SERVICES, INC MGRM AMERITY PRO, LLC 5255 SW 38 TH AUC Add-HALLYWODD, FL 33312 Remove 1998 IMPERIAL LOLF COURSE BLUD Add NAPLES, FL 34110 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Jason Levoy Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00