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**EXAMINER** 

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2010 OCT 12 PN 4: 42
SEGRETARY OF STATE
ALLAHASSEE FLORIEN

This is for Adding a New Manager and Changing the address of the Registered agent.

Thanks

Dorian Mivasola 1509 SE 2nd St Pompano Beach, R 33060

Phone: 954-448-1646

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Elite Training Systems Online 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:
Dorian Mirasola Name of Person
Elite Training Systems Online Firm/Company
2200 NE 33rd Ave, 12JEB 77  Fort / auderdale, F/ 23305
City/State and Zip Code
Big D 7777 G AOL COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dorian Mira Sola at (954) 448-1646  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(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 Tra (Name of the Limited (A	Liability Company Florida Limited Lial	Stems C as it now appears of cility Company)	nline, L	LC	
The Articles of Organization for this Limited Li Florida document number <u>LO9OCC</u>	ability Company w				d
This amendment is submitted to amend the follow	owing:				
A. If amending name, enter the new name of	the limited liabilit	v company here:			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited	Liability Company	," the designation "LL	.C" or the abbre	viation
Enter new principal offices address, if applica		7	, <b>2</b>		
(Principal office address MUST BE A STREET ADDRESS)					<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I	- B <u>OX)</u>		HASSEE-FLORAUA	7 2 PH 4: 42	
B. If amending the registered agent and/or registered agent and/or the new registered of		e address on our	records, <u>enter th</u>	e name of the	e new
Name of New Registered Agent:	Dor	l'an	Miraso	la	
New Registered Office Address:	1509		Sac Sacret address	- ess	
	Pampa	Δ	h, Florida3	-	)

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 = Managing Member

Title **Type of Action** Name Address larc Leflere Remove ☐ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) 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