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SEP 1 PRIPARIES

COVER LETTER

ΓΟ: Registration S Division of Co			
SUBJECT:	Elite Dacer. 1	LC ted Liability Company	
	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subt	nitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	G	race Feng Name of Person	
	<u> </u>	ite Pacer, LLC Firm/Company	
	7256 Hawksne	Pst Blvd Address	
	orlando. FL	32835 City/State and Zip Code 04 @ gmail. @m o be used for future annual report noti	
	E-mail address: (t	0 be used for future annual report noti	fication)
For further information	concerning this matter, please ca	11:	
Grace	Teng of Person	at (<u>40</u>] <u>233 I 45</u> Area Code Daytim	e Telephone Number
Enclosed is a check for	the 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



August 28, 2017

GRACE FENG 7256 HAWKNEST BLVD ORLANDO, FL 32835

SUBJECT: ELITE PACER, LLC Ref. Number: L11000011318

We have received your document for ELITE PACER, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 417A00017674



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite Paver, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 1 27 2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
Orlando i House LLC The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7256 Hawksnest B	NOTE I
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32835	S I
Enter new mailing address, if applicable:	Same	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		er the name of the nev
Name of New Registered Agent: NAMA		
New Registered Office Address:	Enter Florida street address	
	Florida	Zip Code
	City	гір Соае

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 Changing Registered Agent, Signature of New Registered Agent

'If ameading 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> Type of Action <u>Name</u> Address NIA __ Add _□ Remove ____ Change _□ Remove _ Change _□ Add __ Change □ Add □ Remove □ Change □-Change.. _D Add □ Remove

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Effective (If an effe	e date, if other than the date of filing: (optional tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filling or more than	(1) ag.) Pursuant to 6	05.0207 (3)
Note: 1	f the date inserted in this block does not meet the applicable statutory filing requirements, this dant's effective date on the Department of State's records.	te will not be li	sted as the
	and specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m 90 th day after the record is filed.	n. on the ear	lier of:
Dated _	9/4/2017		
	Grave Fore		
	Signature of a member or authorized representative of a member		
	Co. For c	AH SEP	ân _{je} ,
	Typed or punted name of signee	ABS	C 2
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	Page 3 of 3]	
	Filing Fee: \$25.00		
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