11100097677

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800304251388

10/10/17--01017--017 **25.00

17 OCT 10 PM 2: 24

S. WARREN 0CT 1 0 2017

COVER LETTER

TO: Registration Division of	n Section Corporations		
ELITE SUBJECT:	REAL ESTATE, LLC		
Sonjeci.	Name of Limit	ed Liability Company	
The enclosed Article	s of Amendment and fee(s) are subm	nitted for filing.	
Please return all corn	espondence concerning this matter t	o the following:	
	JUSTIN BROWN		
		Name of Person	
	ELITE REAL ESTATE, LE	.c	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	6022 FARCENDA PLACE	, SUITE 102	
		Address	
	MELBOURNE, FL 32940		
		City/State and Zip Code	
	JBSOLD@GMAIL.COM		
	E-mail address: (to	be used for future annual report notifi	cation)
For further information	on concerning this matter, please ca	II:	
JUSTIN BROWN		321 863-7653 at ()	
Na	me of Person		Telephone Number
Enclosed is a check f	or the following amount:		
\$25.00 Filing Fo	e ☐ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE REAL ESTATE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{8/25/2011}{1}$ and assigned Florida document number $\frac{L11000097677}{L}$ 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) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

	36 08 30 08 30 08	; ;
If Changing Registered Agent, Signatu	re of New Registered A	gen[i]
Page 1 of 3		_ED
	2: 2: CORID	

, Florida _

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>	<u>Address</u>	Type of Action
MGR	JUSTIN K. BROWN	6022 Farcenda Place, Suite 102	
		Melbourne, FL 32940	Петюче
			Change
MGR	BREANNE J. BROWN	6022 Farcenda Place, Suite 102	
		Melbourne, FL 32940	Remove
			Change
MGR	CHARLES II. BROWN	6022 Farcenda Place, Suite 102	
		Melbourne, FL 32940	■ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			Remove 17 0 Change ALL ANASSEE FLORDA
			Change

<u> </u>				
			<u> </u>	
				
	<u> </u>			
		· -		
				
				
				
			<u> </u>	
	<u> </u>		<u> </u>	
tive date, if other than the dat ffective date is listed, the date must be	le of filing:		(optio	onal)
If the date inserted in this block	does not meet the appi	icable statutory filing	g requirements, this	date will not be listed
ment's effective date on the Depar	tment of State's record	IS.		
ecord specifies a delayed ef	fective date, but n	ot an effective ti	ime, at 12:01 a	.m. on the earlie
e 90th day after the record				
October 7	2017			
October 7	. 2017			
October, 7				17.0
October, 7	nature of a member or aut	horized representative	of a member	17 OCT I
O. A.	nature of a member or aut	horized representative	of a member	FILED 17 OCT 10 PM SPENDANCE DE FALLAGESSEE F

Filing Fee: \$25.00