

L12000144295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

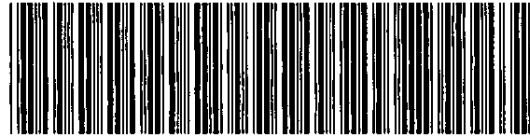
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2013 AUG 12 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan AUG 13 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ELITE BUSINESS SOLUTIONS, 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:

Todd Milleman

Name of Person

Elite Business Solutions

Firm/Company

334 EAST LAKE RD. #325

Address

PALM HARBOR, FL 34685

City/State and Zip Code

tmilleman@EliteBizSolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd Milleman

Name of Person

at (**727**) **512-8633**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED
2013 AUG 12 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ELITE BUSINESS SOLUTIONS, 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 11/15/2012 and assigned Florida document number L12000144295.

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

ELITE BUSINESS SOLUTIONS

334 EAST LAKE RD. #319

PALM HARBOR, FL 34685

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

ELITE BUSINESS SOLUTIONS

334 EAST LAKE RD. #319

PALM HARBOR, FL 34685

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:

334 EAST LAKE RD. #319

Enter Florida street address

PALM HARBOR

City

, Florida 34685

Zip Code

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:

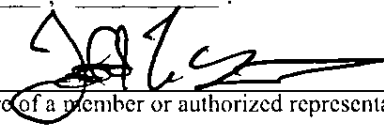
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	TELLE, STEVEN J	3342 MID RIVERS MALL DR.	<input type="checkbox"/> Add
		ST. PETERS, MO 63376	<input checked="" type="checkbox"/> Remove
MGRM	CALLAHAN, COREY C	3342 MID RIVERS MALL DR.	<input type="checkbox"/> Add
		ST. PETERS, MO 63376	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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

Todd Milleman

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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