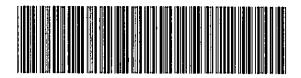
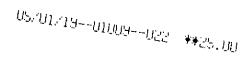
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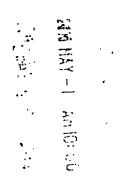
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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800328395918





May John Colors

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| Elite SUBJECT: | e Cleaning Services & More, LLC | | ي م |
|-------------------------|--|---|--|
| Seburci. | Name of Li | mited Liability Company | |
| The enclosed Arti | cles of Amendment and fee(s) are su | abmitted for filing. | |
| Please return all o | orrespondence concerning this matte | er to the following: | *** ********************************** |
| | Nydeen Nasif | | |
| | Elite Cleaning Services ar | Name of Person nd More, LLC | · · |
| | 1845 SW 4th Ave | Firm/Company | |
| | Delray Beach, FL 33444 | Address | |
| | amazonpnp201 ∳ @gmail.co | | |
| For further inform | E-mail address: | (to be used for future annual report of call; | otification) |
| Nydeen Nasif | | 561 603-1246 | |
| | Name of Person | Area Code Dayt | ime Telephone Number |
| Enclosed is a chec | ck for the following amount: | | |
| ■ \$25.00 Filing | Fee S30.00 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 | STREET/COUI Registration Sec Division of Corp | |

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| T | C | | | |
|--|---|--------------------------|--|--|
| ARTICLES OF O | RGANIZATION | 5ê. | | |
| O | F | and assigned | | |
| | | | | |
| Elite Cleaning Services & More, LLC | | | | |
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our records.) | | | |
| (// I Milds Limited L | manny Company, | | | |
| The Articles of Organization for this Limited Liability Company | were filed on 12/05/2012 | and assigned C | | |
| Florida document number L12000151879 | | • | | |
| i fortua document figrifici | | | | |
| This amendment is submitted to amend the following: | | | | |
| A If amounting a company of the limited links | lity agranany hana | | | |
| A. If amending name, enter the new name of the limited liab | <u>шу сотрану неге;</u> | | | |
| Elite Custom Packaging, LLC | | <u></u> | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or th | ne abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 1845 SW 4th Ave | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Delray Beach, FL 33444 | | | |
| (1 metput office unuress most be 7 binser rebinses) | | | | |
| | | | | |
| | P.O. Box 1655 | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Deerfield Beach, FL 33443 | | | |
| | | | | |
| | | | | |
| B. If amending the registered agent and/or registered of | fice address on our records, <u>en</u> | ter the name of the new | | |
| registered agent and/or the new registered office address her | 2: | | | |
| | | | | |
| Name of New Registered Agent: | | | | |
| *1 | | | | |
| New Registered Office Address: | Enter Florida street address | | | |
| | emer r tortua strevi utatress | | | |
| | , Florida | | | |
| | City | 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 605. F.S. Or, if this document is heing 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 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> | Address | <u>Type of Action</u> |
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| If an etf <u>Note:</u> | ive date, if other that fective date is listed, the dat If the date inserted in the nent's effective date on t | e must be specific his block does no | and cannot be pri of meet the app | licable statutory | | | |
| | cord specifies a del 90th day after the | | | not an effecti | ve time, at 1 | 2:01 a.m. on t | he earlier of: |
| Dated | 1pril 25 | | | | | | |
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Page 3 of 3

Filing Fee: \$25.00