L1300026182

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FILED
2014 JUN -2 PH 12: 00

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ELITECO 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:

PATRICK FARRELL

Name of Person

ELITECO LLC

Firm/Company

400 TURTLE RUN DR. APT 104

Address

SEBASTIAN FL 32958

City/State and Zip Code

PATRICK.FARRELL.BM@GMAIL.COM

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

For further information concerning this matter, please call:

PATRICK FARRELL

_.321 <u>266-4766</u>

Name of Person

Area Code

Daytime 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)

☐ S60.00 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

2014 JUN -2 PM 12: 01:
SHURLIARY OF STATE
TALLAHASSEE, FLORIDA

ELITECO 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 02/20/2013	and assigned
Florida document number L13000026182		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limited Lia"	bility Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1745 FIGTREE DR.	
(Principal office address MUST BE A STREET ADDRESS)	TITUSVILLE, FL. 32780	
Enter new mailing address, if applicable:	400 TURTLE RUN DR. A	APT 104
(Mailing address MAY BE A POST OFFICE BOX)	SEBASTIAN, FL. 32958	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	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 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

MGRM KAYLA FARRELL 400 TURTLE RUN DR. APT 104 SEBASTIAN, FL. 32958 Remove Add Remove Add	<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM KAYLA FARRELL 400 TURTLE RUN DR. APT 104 SEBASTIAN, FL. 32958 □ Remove □ Add □ Remove □ Add □ Remove □ Add □ Remove □ Add □ Remove	MGRM	PATRICK FARRELL	400 TURTLE RUN DR. APT 104	Add
SEBASTIAN, FL. 32958 Remov			SEBASTIAN, FL. 32958	□ Remove
	MGRM	KAYLA FARRELL	400 TURTLE RUN DR. APT 104	
Remove			SEBASTIAN, FL. 32958	Remove
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D. II amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
PL	LEASE ADD OUR FEIN NUMBER. FEIN: 46-2168735
E. Effective	e date, if other than the date of filing: (optional) ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
	5 - 28 2014
Dated	<u> </u>
	Signature of a member or authorized representative of a member
	PATRICK FARRELL
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

