# L13000056149

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 2 7 2013 T. I LAMPTON

# **COVER LETTER**

Division of Corporations
SUBJECT: ELITE ENVIRONMENTAL SERVICES 6ROUP 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:
riease return all correspondence concerning this matter to the following:
ROBERT HENDRICKS Name of Person
ELINE ENVIRONMENTAL SERVICES 6ROYP
15502 W. STONEYBILOOK PILKWY # 104
WINTELL GALDEN, FL 34787  City/State and Zip Code  ROBHO BIOGNIZIZU, COM
401511 Q 15106 NIZIZU, COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
POB HEWORICKS at (40), 929-4097  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status & Ce

## MAILING ADDRESS:

TO:

**Registration Section** 

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 ENUNOWMENTAL SEILVICES GROUP 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 Liab	ility Company were filed on <u>4-17-2013</u>	and assigned
Florida document number <u>L13000561</u>		<u> </u>
This amendment is submitted to amend the following A. If amending name, enter the new name of the		FILED  AUG 270 PH 3  ECKETARY OF STA LLAHASSEE, FLOR
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," the design	
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida st	reet address
-	· · · · · · · · · · · · · · · · · · ·	orida
	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 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 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>	Name	Address	Type	of Action
M62M	SALLY MACHALEK	ISSOZ W STONEY BROOK PRIK	1007	Add
		SUITE 104		Remove
		WINTER GARDEN, FL	<del></del>	
		34787	<del></del>	Add
			·	Remove
			<del></del>	
			<del></del>	Add
		IALLA	(n 13 ≥ 13 ≥ 13 ≥ 13 ≥ 13 ≥ 13 ≥ 13 ≥ 13	Remove
		AHASSEE. F	AUG 2 6	FILE
			新 至	Add
		RID A	™ 36 —	Remove
			<del></del>	Add
				Remove
			<del>_</del>	
				Add
				Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
•				
Dated _	8-20-13			
_				
	Signature of a member or authorized representative of a member    Cobsert   Hevon   Cobsert			
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00

FILED

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TANASSEE, FLORIDA