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**DATE: 11/6/14**

**NAME: TEAM ELITE ADVANCED MANAGEMENT AMERICA, LLC**

**TYPE OF FILING: AMENDMENT**

**COST: 55.00**

**RETURN: CERTIFIED COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Attochr*

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Team elite advanced management America, 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:

William Eilers

Name of Person

Eilers Law Group P.A.

Firm/Company

169 NE 43rd. St

Address

Miami FL 33137

City/State and Zip Code

wreilers@eilerslawgroup.com

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

For further information concerning this matter, please call:

William Eilers

at ( 786 ) 247-2624

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 &  
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
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(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

## Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Joseph Keppeln	23 Berwick Rd.	<input checked="" type="checkbox"/> Add
		Wood Green	<input type="checkbox"/> Remove
		N22 5QB London	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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DIVISION OF CORRECTIONS

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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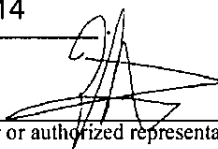
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 6th, 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

William Eilers

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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