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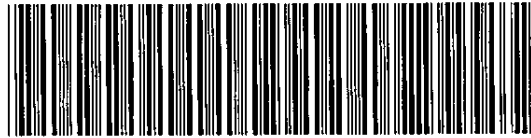
(Business Entity Name)

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DATE: 2/6/15

NAME: TEAM ELITE ADVANCED MANAGEMENT AMERICA, LLC

TYPE OF FILING: AMENDMENT

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ACCOUNT: FCA000000015

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Abbie Hodge

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. Street

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) 273-9152

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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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

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TEAM Elite Advanced Management America, LLC

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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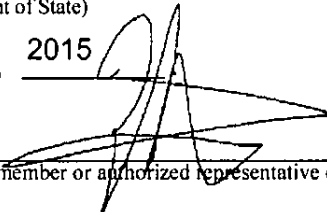
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 February 5th, 2015



Signature of a member or authorized representative of a member

William Eilers

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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