## L13000107130

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## COVER LETTER

TO: Registration Sect Division of Corpo	ion orations		
SUBJECT:	Elite Custo. Name of Limite	m Installations L	-LC
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Kenneth	Station d Name of Person	
		Name of Person	
		Firm/Company	
	•	rim/Company	
	7732 R	ockport Circle	
		Àddress	
	Lakewo	orth FL 3341 City/State and Zip Code Sta@gmau.com be used for future annual report notification	
	}	City/State and Zip Code	<del>-</del>
	Ken	Sta@gmau.com	7
	E-mail address: (to	be used for future annual report notification	on)
For further information con	cerning this matter, please cal	ll:	
Kenneth Name of P	Stafford Person	at ( <u>56)</u> <u>578</u> - 9 <sup>-</sup> Area Code & Daytime Tel	7 Cr Cr ephone 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)	□\$60.00 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 JAN -9 PM 3: 05

SELECTABLY OF STATE
TATE ALASSEE FLORIDA

			TALLAHASS	EE, PEUNIDA
ELITE (Name of the Limited Li (A F)	CUS て ability Company orida Limited Lia	M (MST)  y as it now appears  ability Company)	ACLATTON on our records.)	<u>l</u> le
The Articles of Organization for this Limited Liab Florida document number <u>L13001071</u> .	ility Company v			3 and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	<u>ie limited liabil</u>	ity company here	;	
The new name must be distinguishable and end with t "L.L.C."		d Liability Compan	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicab			_	
(Principal office address MUST BE A STREET)	<u>4DDRESS)</u>	7732	Pockport C	17c/c
		_ Lakeli	lorth, FL 3	13467
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BC	<u>)X)</u>		ROCKport (	ırcle
		<u>Lake 1</u>	North FL 3	ircle 33467
B. If amending the registered agent and/or registered agent and/or the new registered offic			ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	KENN	ETH J	STRFFOR PCRT C.RCU er Florida street addi	D
New Registered Office Address:	. 77	32 Rack	PORT CIRCO	Œ
	1	Ente	er Florida street addi	ress
	LAKE	MGETH	, Florida	23467 Zip Code
		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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	KENNETH STAFFORD	7732 RUCKPORT CIRCLE LAKE WORTH FL. 33467	
			Remove
MGRM	PAQUETTE, CHAD	49 N FEDERAL HWY #37	≦  Add
		POMPANO BEACH, FL 3306;	K Remove
·			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

ii ai	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
:d _	JANUARY 7 , 2014
	Kemill Stylet
	Signature of a member of authorized representative of a member  KENNETH T STAFF OCD
	Typed or printed name of signee

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Filing Fee: \$25.00

