

L/3000157932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

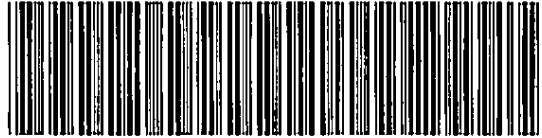
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
18 JAN -5 AM 11:36

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elite Business Insurance 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:

Derek Ifasi

Name of Person

Elite Business Insurance LLC

Firm/Company

5244 Gato Del Sol Circle

Address

Wesley Chapel / Florida 33544

City/State and Zip Code

elitebusinessinsurance@gmail.com

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

For further information concerning this matter, please call:

Stephen Ifasi

Name of Person

at (813)

Area Code

922-3055

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) ☐ \$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**

Elite Business Insurance, 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 11/12/2013 and assigned Florida document number L13000157932

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5331 Primrose Lake Circle
Suite 223
Tampa, FL 33647

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 47046
Tampa, FL 33646

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TALLAHASSEE, FL 32310
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Stephen Ifasi

New Registered Office Address:

5331 Primrose Lake Circle, Suite 223

Enter Florida street address

Tampa, Florida 33647
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 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.

Stephen Ifasi

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
<u>Owner</u>	<u>Stephen Ifasi</u>	<u>14310 Hanging Moss Cir., Apt: 102</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa, FL 33613</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Derek Ifasi</u>		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		<u>14318 Water Maple Drive</u>	<input checked="" type="checkbox"/> Change
		<u>Tampa, FL 33647</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated January 4th, 2018

Signature of a member or authorized representative of a member

Derek Icas,

Typed or printed name of signee