

#L14000006149

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(Address)

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(City/State/Zip/Phone #)

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2014 JAN 17 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
JAN 21 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elite Innovative Touch, 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:

Marisel Tollinchi
Name of Person

Elite Innovative Touch
Firm/Company

20335 W. Country Club Dr., #1210
Address

Aventura, FL 33180
City/State and Zip Code

eliteinnovativetouch@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marisel Tollinchi at (786) 510-1157
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Innovative Touch, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2014 JAN 17 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/13/14 and assigned
Florida document number L14000006149.

This amendment is submitted to amend the following:

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

Elite Innovative Touch, LLC

The new name must be distinguishable and end with 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)

20335 W. Country Club Drive
Unit 1210
Aventura, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20335 W. Country Club Drive
Unit 1210
Aventura, FL 33180

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:

Marcel Tollinchi

New Registered Office Address:

20335 W. Country Club Dr., Unit 1210

Enter Florida street address

Aventura

City

Florida

33180

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.

Marcel Tollinchi

If Changing Registered Agent, Signature of New Registered Agent

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>
MGRM	Nelson Tollinchi	20335 W. Country club Drive	<input checked="" type="checkbox"/> Add
		Unit 1210	<input type="checkbox"/> Remove
		Aventura, FL 33180	
MGRM	Maniel Tollinchi	20335 W. Country club Drive	<input checked="" type="checkbox"/> Add
		Unit 1210	<input type="checkbox"/> Remove
		Aventura, FL 33180	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

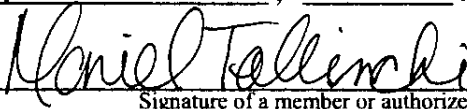
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Changes to Mariel Tollinchi are just the title.
From AMBR to MGRM.

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 1/14/14, _____



Signature of a member or authorized representative of a member

Mariel Tollinchi

Typed or printed name of signee