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14 MAY -8 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers MAY 15 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Elite Investment Team 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:

Maribel Vazquez

Name of Person

Elite Investment Team LLC

Firm/Company

509 S.Chickasaw Trail #274

Address

Orlando, FL 32825

City/State and Zip Code

marivzqz@gmail.com

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

For further information concerning this matter, please call:

Maribel Vazquez

Name of Person

at **407 325-7065**

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 Investment Team 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 04/07/2014 and assigned
Florida document number L14000056363.

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 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)

509 Chickasaw Trail #274

Orlando, FL 32825-7852

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

509 Chickasaw Trail # 274

Orlando, FL 32825-7852

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:

New Registered Office Address:

509 Chickasaw Trail #274

Enter Florida street address

Orlando

City

Florida 32825-7852

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.

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>
AMBR	Francisco G. Catalan	509 S. Chickasaw Trail	<input checked="" type="checkbox"/> Add
		#274	<input type="checkbox"/> Remove
		Orlando, FL 32825-7852	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRET
MAY - 8
STATE
TALLAHASSEE, FLORIDA
MAY - 8
1990

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

1. The members and managers, if any, shall not be liable for any debts, obligations, or liabilities of the limited liability company.

2. The Company can continue the business after a death, retirement, resignation, expulsion, bankruptcy,
or any other event, upon the unanimous consent of the remaining members.

3. New members can be admitted to the company with full rights of membership upon the unanimous consent of the existing members.

4. The purpose for which this limited liability company is organized to transact any lawful business for which limited liability companies may be organized under the law of the state of Florida

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 April 30, 2014

Maribel Vazquez
Signature of a member or authorized representative of a member

Maribel Vazquez

Typed or printed name of signee

FILED
14 MAY -8 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA