## 1/400012895/

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only State / Liph Home #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FILED
2011 NOV 13 PM 2: 31
SECRETARY OF STATE

K. SALY NGV <sub>1 4 2017</sub>

## **COVER LETTER**

TO: Registration S Division of Co										
Elite Land	Elite Landscape Management 1, LLC									
	Name of Lim	ited Liability Company								
The enclosed Articles of	'Amendment and fee(s) are sub	mitted for filing.								
Please return all corresp	ondence concerning this matter	to the following:								
	Leonard Titone									
	····	Name of Person								
	CPA Tax Advisors, Inc									
		Firm/Company								
Name of Person  CPA Tax Advisors. Inc										
		Address								
	Fort Myers, FL 33907									
		City/State and Zip Code								
			<del></del>							
	E-mail address: (	to be used for future annual report notif	ication)							
For further information of	concerning this matter, please ca	all:								
Leonard Titone		855 740-1040 at ()								
Name o	of Person	Area Code Daytime	: Telephone Number							
Enclosed is a check for t	he 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

2017 MOV 13 PM 2:31

TALLAHASSEE. FLORION

Elite Landscape Management 1, LLC

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

	Company were filed on 8/12/2014	and assigned
Florida document number (14900) 2475)	<del>.</del>	
This amendment is submitted to amend the following:		
Florida document number L14000128951		
The new name must be distinguishable and contain the words "Lim	nited 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 ADDR	RESS)	
		<del></del>
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
		<del> </del>
B. If amending the registered agent and/or regis	stered office address on our records.	enter the name of the new
		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<del></del> _
	, Flor	rida
-	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.

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>	Type of Action
MGR	Joshua Salzman	3715 15th ST SW	
		Lehigh Acres, FL 33976	☐ Remove
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	<del></del>		
			☐ Remove
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an effecti <u>ote:</u> If t	ive date is the date in	other than listed, the dat nserted in the ve date on t	e must be sp nis block d	ecific and oes not m	cannot be eet the a	prior to d pplicable	ate of filing	or more th		after filin	g.) Pursuani		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: <u>\$25.00</u>