L14m175019

(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)					
(Cit	ty/State/Zip/Phone	#)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nam	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					

Office Use Only



000297486620

04/04/17--01019--016 **43.75

TILED

17 APR 24 AMII: 15

SECRETARY OF STATE
ALL AHASSEE FLORIE

S Warren APR 2 5 2017



April 7, 2017

LU BENJAMIN 1964 S. CONGRESS AVE WEST PALM BEACH, FL 33406

SUBJECT: ELITE GROUP TAX SERVICES, LLC

Ref. Number: L14000175019

We have received your document for ELITE GROUP TAX SERVICES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORAITON - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 317A00006804

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT.	Elite Group Tax	Services LLc	
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	uitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
		Lu Benjamin	
		Name of Person	
	,	Elite Group Tax Services LLC	
		Firm/Company	
		1964 S Congress Ave	•
		Address	· · · · · · · · · · · · · · · · · · ·
	,	West Palm Beach FL 33406	
		City/State and Zip Code	
		litegrouppb@gmail.com	
	E-mail address: (to	o be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca	H:	
Lu Benja	min -	561 612-7095	•
Name of	of Person	at () 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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite (Group Tax Services LLC				
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears Limited Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on	11-12-2014	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> :			
Elite Group Financials LLC					
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the des	ignation "LLC" or the a	ibbreviation "L.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDI	(ESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		our records, <u>ente</u>	the name of the nev		
New Registered Office Address:					
	Enter Florida street address				
	·	, Florida _			
	City		Zip Code		
New Registered Agent's Signature, if changing Registere	d Agent:				
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and cacept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of n gent as provided for in Ch ed office address, I hereby	ny duties, and I am napter 605, F.S. Oi	familiar with and r, i <u>f t</u> his document is		

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

دعاد عالسطوعات دارسه

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>	Address	Type of Action				
			□ Remove				
			□ Change				
			Add				
			☐ Remove				
		·					
			D Add				
		·	☐ Remove				
			Change				
- 			□ Add				
			□ Remove				
			Change				
		 	□ Remove				
			SECO Change				
···							
			SET OF STATE OR				
		,	RDA □ Change				

							· · ·			_
										_
	•									_
										_
										-
										-
										-
										_
										_
	·									_
		;		۳,	, , ;		-			_
										-
							· · · ·			-
										-
									 -	_
										-
				· · · · · · · · · · · · · · · · · · ·						_
										-
ective date, if	other than the	date of fil	ling:				(optiona	l)		
te: If the date i	inserted in this blo	ock does no	ot meet the ap	plicable sta	of filing or mo itutory filing	re than 90 day requiremen	ys after filin ts, this dat	g.) Pursua e will no	ant to 60 ot be lis	5.02 ted a
ument's effecti	ive date on the De	partment o	of State's reco	rds.						
record speci	ifies a delayed	effective	e date, but	not an e	ffective ti	me. at 12	:01 a.m	. on the	e eari	ier
	after the reco					-,			*	-
	04-15		2017					ad.;		
_	·		_,					SE AL	7	
ed			·	1)			~~~	-	
ted			1 a member or a	1_				CRET	APR	7

Page 3 of 3

Filing Fee: \$25.00