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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Elite Stor Construction, 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:

Benjamin S. Macfarland

Name of Person

Calidus Realty, LLC

Firm/Company

400 N. Congress Ave. Suite 100

Address

West Palm Beach, FL 33401

City/State and Zip Code

bsm@calidus.co

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

For further information concerning this matter, please call:

Benjamin S. Macfarland

561 686-3161

at (_____) _____

Name of Person

Area Code

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 Stor Construction, 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 February 4, 2015 and assigned Florida document number L15000021390.

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:

400 N. Congress Ave. Suite 100

(Principal office address MUST BE A STREET ADDRESS)

West Palm Beach, FL 33401

Enter new mailing address, if applicable:

400 N. Congress Ave. Suite 100

(Mailing address MAY BE A POST OFFICE BOX)

West Palm Beach, FL 33401

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:

Benjamin S. Macfarland, III

New Registered Office Address:

400 N. Congress Ave. Suite 100

Enter Florida street address

West Palm Beach

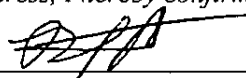
City

Florida 33401

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

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FLORIDA
SIA

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>
MGR	John P. Judd	400 S. Congress Avenue, Suite. 100	<input type="checkbox"/> Add
		West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Remove
MGR	John P. Judd	400 N. Congress Ave., Suite 100	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

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

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 February 9, 2015



Signature of a member or authorized representative of a member

Benjamin S. Macfarland, III

Typed or printed name of signee

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Filing Fee: \$25.00

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