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## **COVER LETTER**

Division of Corpora			
SUBJECT:		Dentels LLC d Liability Company	
The enclosed Articles of Ame	endment and fee(s) are submi	itted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
-	Altrod	Name of Person	
-		Firm/Company	
·	304 Ind	Address	
-	Wesha	Address  Address  City/State and Zip Code	>
_	E-mail address: (to	be used for future annual report notifica	uion)
For further information conce	erning this matter, please call	:	
Name of Per	OCWILL son	at ( <u><b>954</b></u> ) <u><b>447</b> - 2 Area Code Daytime T</u>	elephone Number
Enclosed is a check for the fo	llowing amount:		
□ \$25.00 Filing Fee □	330.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$\frac{1}{2}\$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**

	CLES OF AMENDMENT TO CLES OF ORGANIZATION	15 11
ARTIC	OF	14/36 Bes 50
		Marin My
(Name of the Limited	Liability Companyas it now appears on our Florida Limited Liability Company)	To The state of th
The Articles of Organization for this Limited Liab	oility Company were filed on <u>Fe</u>	11 2015 and assigned
Florida document number <u>L150000 a.5</u>	801.	_
This amendment is submitted to amend the follow	vina:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and end with the wo Enter new principal offices address, if applicable (Principal office address MUST BE A STREET).	ole:	on "LLC" or the abbreviation "L.L.C."
	<del>-</del>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	City	Zin Cada

## 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 Title Name Address **Type of Action** Elite Holdings Group LLC 304 Indian Trace #4480 Add MGR Weston FC. 33326 PRemove MGR Elite Group Holdings and 304 Indian Trace#448 Pradd
Investments LLC Weston Fl. 33326 Remove □ Add □ Remove □ Add \_\_□ Remove □ Add ☐ Remove □ Add ☐ Remove

D.	If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	(The eff	tive date, if other than the date of filing: (optional) Tective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after use this document is filed by the Florida Department of State)
		3/25/15
		Signature of a member or authorized representative of a member
		Alfred Lariviere
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00