1500046432

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FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Elit	l Tax Gra Name of Limi	ed Liability Company	ad, UC
The enclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspon	ndence concerning this matter (to the following:	
	Sheneria	Stokes Name of Person	
	Elite Tax	0 - 0 1/	Mywood, tlc
	2501 Holly	wad Blvd	Suite 200
	Holly wood,	FL 3302 C)
	Olite taxarous E-mail andress: (1	DOI (D) GMail. (1) M to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	dl:	
She neria	Stokes	at (786) 397.	5722
Name of	Person	Area Code Daytime	· Telephone Number
Enclosed is a check for th	e 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 Tax Group of (Name of the Limited Liability Compa (A Florida Limited)	Hollywcod iny as it now appears on our re- Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L150004643</u> 2	were filed on <u>03/16</u>	2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "	LLC" or the abbreviation "L.L.C." SECRETARY ASS -2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		STATE LORIDA
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ldress
	City	, Florida
	ch,	in con

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:

MCR = Manager

AMBR = Authorized Member Address Miami, FL 33138 Type of Action
168 NE 704h Street WAdd <u>Title</u> <u>Name</u> Larry Stokes _□ Remove ☐ Change _□ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change □ Add □ Remove □ Change □ Add □ Remove □ Change _□ Add □ Remove ☐ Change

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n effective date is	listed, the date must be spe	ecific and cannot be	prior to date of fi	ling or more than 9	0 days after filing.)	Pursuant to 605.020
	inserted in this block do ive date on the Departm			ory filing require	ments, this date v	will not be listed a
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record spec	ifies a delayed effe	ctive date, bu	it not an effe	ctive time, at	12:01 a.m. d	on the earlier o
The 90th day	after the record is	s filed.				
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Filing Fee: \$25.00