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To: Division of Corporations Fax Number : (850)617-6383 from: : EPGD ATTORNEYS AT LAW, P.A. Account Name Account Number: 120140000049 : (786)837-5787 Phone Fax Number : (305)718-0687

**Enter the email address for this business entity to be used for future 💯 annual report mailings. Enter only one email address please. Email Address:

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To: Division of Corporations Page 3 of 6

COVER LETTER

TO:	Registration S Division of Co			
SUBIC		MMUNICATION COACHI	vG, LLC	
SUBJE	.C1:	Name of Li	mited Liability Company	
The end	losed Articles of	Amendment and fee(s) are su	hmitted for filing.	
		ondence concerning this matte		
r-icase i	etarn an corresp	matte	, to the ionoving.	
		Eric P. Gros-Dubnis		
			Name of Person	
		EPGD Attorneys at Law.	, P.A.	
			Firm/Company	
		2701 Ponce de Leon Bly	d., Suite 202	
			Address	
			City/State and Zip Code	
		eric@epgdlaw.com		
		E-mail address	(to be used for future annual repo	ort notification)
For furt	ther information (concerning this matter, please	call:	
Eric P.	Gros-Dubois		786 83767	87
	Name	of Person	Area Code	Daytime Telephone Number
Enclose	ed is a check for (the following amount:		
■ \$25	5.00 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)
	Regisi Divisi P.O. I	LING ADDRESS: tration Section on of Corporations 30x 6327	Registration Division of (Cliston Buik	Curporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE COMMUNICATION GOA			
(Name of the Umit	ed Liability Company as it it (A Florida Limited Liability)	row annears on our records.) Company)	
The Articles of Organization for this Limited L Florida document number L15000050028	iability Company were fi	led on 03/19/2015	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability co.	mpany here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Comp	oany," the designation "LLC" or the	ic abbreviation "LaL.C."
Enter new principal offices address, if applic	able: 909 (Samet Circle, Weston, FL 3332	
(Principal office address MUST BE A STREE	TADDRESS)		N
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	·-	Barnet Circle, Weston, FL 3332	9.05
B. If amending the registered agent and registered agent and/or the new registered o		ldress on our records, <u>en</u>	ter the name of the new
Name of New Registered Attent:	EPGD Attorneys at Lav	v, P.A.	
New Registered Office Address:	2701 Ponce de Leon Bl	lvd., Suite 202	
\ \	Coral Gables	, Florida	. 33134
	Cit	, riorida	Zip Code
II.			

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.

Changing Registered Agent. Signature of New Registered Agent

Page 1 of 3

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>	Name	Address	Type of Action
MGR	Hadrien Toure	100 N. BISCAYNE BOULEVARE	
		Apt. 3070, Miami, FL 33132	■ Remove
			Change
MGR	CORMONT, ALEXANDRE	100 N. BISCAYNE BOULEVARE	
		Apt., 3070, Miami, FL 33132	■ Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
MGR	Alexandre Cormont	909 Garnet Circle, Weston, FL	
		33326	Remove
			☐ Change
			DbA Cl
			Remove TO Change
			D Add 9 D
			Change
			□ Add
			□ Remove
			Change

D. If amending any other information,	enter change(s) here: (Attach odditional sheets, if necessary.)
<u></u>	
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	EP
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	TILED THEP-6 AH 9: 05
	<u> </u>
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	·
E. Effective date, if other than the date	of filing: (optional) pecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 (b)
Note: If the date inserted in this block d	loes not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Depart	ment of State's records.
If the record specifies a delayed em (b) The 90th day after the record	ective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated September 6	2017
Sign	autre of a member of authorized representative of a member
, ingre,	
Eric P. Gros-Dubois	
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00