

L15000062132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

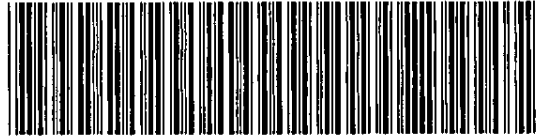
(Business Entity Name)

(Document Number)

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MAR 01 2016  
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# SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive  
Tallahassee, Florida 32312  
(850) 656-4724  
Toll Free: 844-541-6792

DATE: 2-29-16

WALK IN

ENTITY NAME: The Elite Experience, LLC

**\*\*PLEASE FILE THE ATTACHED AND RETURN:\*\***

☒ Plain Copy  
☐ Certified Copy

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:\*\***

Document Number: \_\_\_\_\_

☐ Certified Copy of Arts & Amendments

☐ Certificate of Good Standing

**\*\*APOSTILLE/NOTARIAL CERTIFICATION:\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL AMOUNT OWED: 25.00

CHECK NUMBER: 2311

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

*Tina Goff, President*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE ELITE EXPERIENCE, 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

Laura.Black@h3gm.com

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

For further information concerning this matter, please call:

Name of Person

at ( )

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**

**THE ELITE EXPERIENCE, 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 04/08/2015 and assigned Florida document number L15000062132.

**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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

***(Principal office address MUST BE A STREET ADDRESS)***

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:**

**New Registered Office Address:**

**Enter Florida street address**

\_\_\_\_\_, Florida  
City

**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**

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> | <u>Address</u>             | <u>Type of Action</u>                   |
|--------------|-------------|----------------------------|---|
| AMBR         | Jason Caron | 2115 Heritage Village Lane | <input checked="" type="checkbox"/> Add |
|              |             | Orlando, FL 32837          | <input type="checkbox"/> Remove         |
|              |             |                            | <input type="checkbox"/> Change         |
|              |             |                            | <input type="checkbox"/> Add            |
|              |             |                            | <input type="checkbox"/> Remove         |
|              |             |                            | <input type="checkbox"/> Change         |
|              |             |                            | <input type="checkbox"/> Add            |
|              |             |                            | <input type="checkbox"/> Remove         |
|              |             |                            | <input type="checkbox"/> Change         |
|              |             |                            | <input type="checkbox"/> Add            |
|              |             |                            | <input type="checkbox"/> Remove         |
|              |             |                            | <input type="checkbox"/> Change         |
|              |             |                            | <input type="checkbox"/> Add            |
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|              |             |                            | <input type="checkbox"/> Change         |
|              |             |                            | <input type="checkbox"/> Add            |
|              |             |                            | <input type="checkbox"/> Remove         |
|              |             |                            | <input type="checkbox"/> Change         |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 29, 2016

Signature of a member or authorized representative of a member

DAKE GAY

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA