L15000134210

(Requestor's Name)	<u></u>			
(Address)				
(Address)	·			
(City/State/Zip/Phone #)				
PICK-UP WAIT MA	AIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



500276294635

08/24/15--01022--015 **25.00

2015 AUG 24 PH 12: 59
SELECTARY OF STATE
TALLAHASSEE FLORIDA

NIG 2 G 2015 J. HARRIS

COVER LETTER

TO:	Registration Se Division of Cor					
CHDII	ELITE RE.	ALTY AGENCY , LLC				
SO DAT	ECT:		ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		AUNDRE SCOTT				
	Name of Person					
	MITRE ACCOUNTING & TAX SERVICE, LLC					
	Firm/Company					
15701 SR 50, STE 206						
	Address					
		CLERMONT,FL 34711				
	City/State and Zip Code					
		incorp@mitreaccountinga				
For fur	ther information as	E-mail address: (oncerning this matter, please co	to be used for future annual report notif	ication)		
		oncerning this matter, please ca	all;			
AUNE	DRE SCOTT		352 242-9905 at ()			
	Name of	l'Person	Area Code Daytime	Telephone Number		
Enclos	ed is a check for th	e following amount:				
= \$2.	5.00 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 REALTY AGENCY, LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000134210</u> .	es of Organization for this Limited Liability Company were filed on and assigned cument number		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company,,, the designation "LLC,, or	the abbreviation "L.L.C.,,	
Enter new principal offices address, if applicable:	1215 WOODLARK DR		
(Principal office address MUST BE A STREET ADDRESS)	DAVENPORT, FL 33897	2 C C C C C C C C C C C C C C C C C C C	
Enter new mailing address, if applicable:	1100 US Highway 27	ASSEE P	
(Mailing address MAY BE A POST OFFICE BOX)	#137527		
	CLERMONT,FL 34713	置きる	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	nter the name of the new	
New Registered Office Address:	Enter Florida street address		
	27% 1.1	1_	
	, Florid	Zin Coda	

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 **Title Name** Address ' Type of Action MGR STREET, DAVID 928 COVENTRY RD, DAVENPO _□ Add DAVENPORT, FL 33897 **■** Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add □ Remove Change F S 191E _□ Change □ Add _□ Remove

☐ Change

D. If amending any other informat	ion, enter change(s) here: (Attach additional she	eets, if necessary.)

E. Effective date, if other than the constant of the date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department.	be specific and cannot be prior to date of filing or more than ck does not meet the applicable statutory filing requir	(optional) 90 days after filing.) Pursuant to 605.0207 (3)(b ements, this date will not be listed as the
If the record specifies a delayed (b) The 90th day after the reco	effective date, but not an effective time, a rd is filed.	t 12:01 a.m. on the earlier of:
Dated	, 2015	
	signature of a member or authorized representative of a mer	AAU
ZORAYA COLON		HASSE 1970 1970 1970 1970 1970 1970 1970 1970
	Typed or printed name of signee	PH 2:
	Page 3 of 3	€ 5.9 100 ×

Filing Fee: \$25.00