# 45000 143510

| (Requestor's Name)                      |
|-----------------------------------------|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|                                         |
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SECRETARY OF STAIL
FALL CHASSEE, FLORIDA

T SCHROEDER

## **COVER LETTER**

|            | Registration Se<br>Division of Cor    |                                            |                                                                     |                                                                                                     |
|------------|---------------------------------------|--------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| SUBJEC     |                                       | CESS LLC                                   |                                                                     |                                                                                                     |
| 301000     | · · · · · · · · · · · · · · · · · · · | Name of Lin                                | nited Liability Company                                             |                                                                                                     |
| The enclo  | osed Articles of                      | Amendment and fee(s) are sub               | omitted for filing.                                                 |                                                                                                     |
| Please ret | urn all correspo                      | ondence concerning this matter             | to the following.                                                   |                                                                                                     |
|            |                                       | MICHAEL I RAHMAS                           |                                                                     |                                                                                                     |
|            |                                       | ELITE ACCESS LLC                           | Name of Person                                                      |                                                                                                     |
|            |                                       | 225 N POMPANO AVE                          | Firm-Company                                                        | <del></del>                                                                                         |
|            |                                       | SARASOTA, FL 34237                         | Address                                                             |                                                                                                     |
|            |                                       | MIKERAHMAS@GMAII.                          | City/State and Zip Code<br>.COM                                     |                                                                                                     |
|            |                                       | E-mail address: (                          | to be used for future annual report not                             | fication)                                                                                           |
| For furthe | r information co                      | oncerning this matter, please ea           | all:                                                                |                                                                                                     |
| MICHAE     | L J. RAHMAS                           |                                            | 518 466-7235<br>at ()                                               |                                                                                                     |
|            | Name of                               | Person                                     | at ()                                                               | e 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.<br>Certificate of Status &<br>Certified Copy<br>(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 ACCESS LLC                                                                                                  |                                                                   |                          |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------|
| (Name of the Limited Liability Con<br>(A Florida Limit                                                            | npany as it now appears on our records.)<br>ed Liability Company) |                          |
| The Articles of Organization for this Limited Liability Compa                                                     | my were filed on 08/21/2015                                       | and assigned             |
| This amendment is submitted to amend the following:                                                               |                                                                   |                          |
| A. If amending name, enter the new name of the limited li                                                         | ability company here:                                             |                          |
| The new name must be distinguishable and contain the words "Limited Lie                                           | ability Company," the designation "LLC" o                         |                          |
| Enter new principal offices address, if applicable:                                                               |                                                                   | 19<br>SE                 |
| Principal office address MUST BE A STREET ADDRESS)                                                                |                                                                   | af E m                   |
|                                                                                                                   |                                                                   |                          |
| Enter new mailing address, if applicable:                                                                         |                                                                   | المستنا المراجا          |
| Mailing address MAY BE A POST OFFICE BOX)                                                                         |                                                                   | 080<br>080<br>00         |
| 3. If amending the registered agent and/or registered registered agent and/or the new registered office address h | office address on our records, <u>ere</u> :                       | enter the name of the no |
| Name of New Registered Agent:                                                                                     |                                                                   |                          |
| New Registered Office Address:                                                                                    |                                                                   |                          |
|                                                                                                                   | Enter Florida street address                                      |                          |
|                                                                                                                   | , Flori                                                           |                          |
|                                                                                                                   | Circ                                                              | 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>                          | Type of Action |
|--------------|-----------------------|-----------------------------------------|----------------|
| AMBR         | MOUSER, CHRISTOPHER W | 2102 OLENTARY ST.<br>SARASOTA, FL 34231 |                |
|              |                       | 7747477 TI 7427                         |                |
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|                                                                                                                                       | <del>,</del>                                                          |                                   | _                                                                    |                                              |
|                                                                                                                                       |                                                                       |                                   | <del></del> ;                                                        |                                              |
|                                                                                                                                       |                                                                       |                                   | <u> 설명</u>                                                           | 19 /                                         |
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|                                                                                                                                       |                                                                       |                                   | TAFE<br>JISO<br>JISO                                                 | <u>क</u><br><i>क</i>                         |
|                                                                                                                                       |                                                                       |                                   | 3                                                                    | <del></del>                                  |
| Effective date, if other than the difference of an effective date is listed, the date must be Note: If the date inserted in this bloc | e specific and cannot be prior to d<br>k does not meet the applicable | late of filing or more than 90 da | _ <b>(optional)</b><br>ays after filing.) Pur<br>nts, this date will | suant to 605,0207<br>not be listed as        |
| document's effective date on the Dep.                                                                                                 | artment of State's records.                                           |                                   |                                                                      |                                              |
| ne record specifies a delayed on<br>The 90th day after the recor                                                                      | effective date, but not a<br>d is filed.                              | n effective time, at 12           | 2:01 a.m. on t                                                       | the earlier of                               |
|                                                                                                                                       | 2010                                                                  |                                   |                                                                      |                                              |
| Dated AUGUST 1ST                                                                                                                      | . 2019                                                                | •                                 |                                                                      |                                              |
| Dated AUGUST 1ST                                                                                                                      |                                                                       | ·                                 | _                                                                    |                                              |