## L15000 166921

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## **COVER LETTER**

TO: Registration Se Division of Con		• •	
SUBJECT: EL	ITE CONSTR	UCTION GROUP (	DE SOUTH FLORIDA, LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	STEVE	N LANDAU  Name of Person	
	ELITE CON	STRUCTION GROWN Firm/Company	e of South FLORIDA, LLC
	601 PAL	M DR. Address	
	HALLANDALE	FL 33009 City/State and Zip Code	
	BIMMER (E-mail address: (1	BOY STEVE B AOL o be used for future annual report notifi	· Co M
For further information of	concerning this matter, please ca	di: 1	
STEVEN Name of	LANDAU of Person	at ( <u>305</u> ) <u>490</u> - Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on (2ct. 1, 2015 and assigned Florida document number <u>L15 000 166 921</u> 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

## 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
Page 1 of 3

in amenumy Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = ManagerAMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
<u>AMB</u> R	NATALIA POUSSO	601 PALM DR. HALLANDALE,	FL XAdd
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U. H AIII	enung any other information, enter change(s) here. ( <i>Attach auditional sheets, h i</i>	vuvssai y	)		
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(If an e <u>Note:</u>	tive date, if other than the date of filing:	otional) fter filing.) this date v	Pursuant vill not l	to 605.02 be listed	207 (3)(b) as the
	cord specifies a delayed effective date, but not an effective time, at 12:0 e 90th day after the record is filed.	1 a.m. c	n the	earlier	of:
Dated	JANUARY 22, 2016		<b>~</b> 3	·	: <sub>4</sub>
	Signature of a member or authorized representative of a member	15 69 15 69 14 20	2016 J	(	
		HA SS	JAN 27	District Co.	
	STEVEN LANDAU  Typed or printed name of signee	ARY DF	<u>ر</u> 0	tu	
		OF STATE	?	O	
	Page 3 of 3	OA A	=		

Filing Fee: \$25.00