L15000209453

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP		MAIL
		
(Bu	isiness Entity Nam	ne)
(Do	cument Number)	
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2016 JAN -6 PH 5: 17
SLUARIANY DISTANCE
TALLAHASSEF FLORIDA



COVER LETTER

	Registration Sec Division of Corp			
CUD IEC		ORIDA ELITE LLC		
* Name of Limited Liability Company				
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn áll correspoi	ndence concerning this matter	to the following:	
		Joey Latchman	•	
			Name of Person	
			Firm/Company	
		18255 NW 68th Ave At 11	1	
			Address	
		Miami, FL 33015		
			City/State and Zip Code	
		Joeylatchman@gmail.com		· · · · · · · · · · · · · · · · · · ·
For furth	er information co	n:-mail address: (i	to be used for future annual report notifi	cation;
Joey Lat	chinan		305 923-2611 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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

2016 JAN-6 PM 5:17

TALLAHASSFE FLORIDA

SOUTH FLORIDA ELITE 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 we Florida document number $\frac{L15000209453}{L15000209453}$.	ere filed on 12/17/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty 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 here:		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, Florida	
	City	Zıp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I ovided for in Chapter 605, F.S	am familiar with and . Or, if this document is
If Chang	ing Registered Agent, Signature of N	ew 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>	Name	Address	Type of Action
MGR	Joey Latchman	18255 NW 68th Ave Apt 111 Mian	 Add
			Remove
			Change
			□ Add
			□ Remove
			SSET Addy 5:
			1 Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to ote: If the date inserted in this block does not meet the applicabl becument's effective date on the Department of State's records.	date of filing or more than 90 days after filing.) Pursuant to 605.0207 le statutory filing requirements, this date will not be listed as
e record specifies a delayed effective date, but not a The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of
ated	
. / / /	··
Signature of a member or authorize	zed representative of a member
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Filing Fee: \$25.00