

L16000 103202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

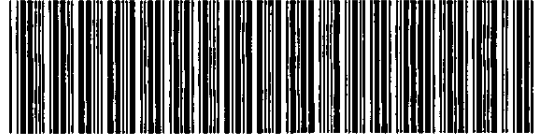
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700288469327

08/04/16--01010--011 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2016 AUG 17 P 1:29

FILED

S Warren  
AUG 18 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 5, 2016

DUANE SWINDELL  
3280 SE 107TH PL  
OCALA, FL 34480

SUBJECT: ELITE SERVICES UNLIMITED LLC  
Ref. Number: L16000103202

We have received your document for ELITE SERVICES UNLIMITED LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is G68148 ELITE SERVICES, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 716A00016530

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Elite Services Unlimited 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:

Duane Swindell  
Name of Person

Elite Services Unlimited LLC  
Firm/Company

3280 SE 107th Pl  
Address

Orla, FL 34480  
City/State and Zip Code

@liteservices.esu@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Duane Swindell at (307) 1089-2833  
Name of Person 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**

Elite Services Unlimited 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 MAY 26, 2016 and assigned Florida document number L16000103202.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

~~Elite Services LLC~~ ~~Elite Services Unlimited LLC~~ (Same)

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: N/A

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

Enter new mailing address, if applicable: N/A

**(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: N/A

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

SECRET  
CLERK  
OFFICE OF STATE  
TREASURY  
FLORIDA  
2016 JUN 7 P 1:30  
FILED

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	Duane Swindell	3280 SE 10TH PL, Ocala, FL 34480	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Russell Weeks	3280 SE 10TH PL, Ocala, FL 34480	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Kimberly Swindell	3280 SE 10TH A, Ocala, FL 34480	<input checked="" 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 <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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 JUN 17 1:38 PM '08

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

We decided to not change the name. Please make the rest of the changes.  
Thank you  
Kim Swindell  
Duane Swindell  
SW  
8/15/16

E. Effective date, if other than the date of filing: August 7, 2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated August 7, 2016.

*[Handwritten Signature]*

Signature of a member or authorized representative of a member

Duane Swindell

Typed or printed name of signee

FILED  
AUG 16 11 P 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA