116000169935

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COVER LETTER

	istration Sec ision of Corp				
CHDIECT.		aperts & Financial Services, Ll	LC		
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Keathel Chauncey, Esq.			
			Name of Person		
		Fresh Legal Perspective, P	L		
			Firm/Company		
		3802 Ehrlich Road, Suite 3	308		
			Address		
		Tampa, FL 33624		2016	,
			City/State and Zip Code	A S	1
		Contact@BLTFL.com		- SA - I	
For further in	nformation co	n:-mail address: (i	to be used for future annual report notificall:	<u> </u>	
Keathel Cha	uncey, Esq.		813 448-1042	6830 # 1000	
	Name of	Person		Felephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	iling 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 Tax Experts & Financial Services, 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 09/12/2016 and assigned Florida document number L16000169935 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 "LLC." 13041 N Dale Mabry Hwy Enter new principal offices address, if applicable: Unit 505 (Principal office address MUST BE A STREET ADDRESS) Tampa, FL 33618 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: U Name of New Registered Agent: 13041 N Dale Mabry Hwy, Unit 505 New Registered Office Address: Enter Florida street address Tampa City

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>	Name	Address	Type of Action
AMBR	Dionne Stiff	13041 N Dale Mabry Hwy #505	
		Tampa, FL 33618	Remove
		-	☐ Change
			Add
			□ Remove
			Change
			
			Remove 28 Change
			SSET A AGR
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			Remove
			Change
			☐ Add
			☐ Remove
			□ Change

<u>28</u>
SE SE
ASSA 10
To To
- Carrie - C
(optional) 0 days after filing.) Pursuant to 605.0 ments, this date will not be listed

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00