## U170000 54828

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S. WARREN SEP 1 5 2017

## COVER LETTER

TO:				1
our.	r om	Elite Home P	rofessional Services LLC	
SOBJ	ECT:	Name of Li	mited Liability Company	<del></del>
The e	nclosed Articles of A	 Amendment and fee(s) <b>ar</b> e su	ibmitted for filing.	
Please	e return all correspor	ndence concerning this matte	er to the following:	
			Adrian Brion	
Division of Corporations  Elite Home Professional Services 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:  Adrian Brion  Name of Person  Form-A-Corp  Firm/Company  4440 PGA Blvd., Suite 3  Address  Palm Beach Gardens, FL 32  City/State and Zip Code adrian@form-a-corp.com  E-mail address: (to be used for future annual reference of the following amount:  Adrian Brion  Name of Person  Area Code  Enclosed is a check for the following amount:  Certificate of Status  MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  2661 Exet	Name of Person			
		į	Form-A-Corp	
			Firm/Company	<del>-</del>
			4440 PGA Blvd., Suite 308	
			Address	
		<u> </u>	Palm Beach Gardens, FL 33410	
			City/State and Zip Code	
			adrian@form-a-corp.com	
		E-mail address	to be used for future annual report no	otification)
For fu	orther information co	oncerning this matter, please	call:	
	Adriar	n Brion		343-6759
	Name of	Person		me Telephone Number
Enclo	sed is a check for th	e following amount:		
<b>S</b> \$3	25.00 Filing Fee		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	BJECT:    Name of Person	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11	OME PROFESSIONAL SERVICES		
(Name of the Limited	Liability Company as it now appears Florida Limited Liability Company)	on <u>our records.</u> )	
The Articles of Organization for this Limited Liab		M1-10-2017	and assigned
Florida document numberL17000054828	·		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the	he limited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the des	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab		·	
Principal office address MUST BE A STREET			
			<del></del>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	OX)		
		A.	<u> </u>
	<u></u>		<b>17</b> 7
 3. If amending the registered agent and/or	registered office address on	our records, enter	:•
egistered agent and/or the new registered office	Ç	1	T1 [T]
			ER A C
Name of New Registered Agent:	Kell	y Legue	- OPEN
New Registered Office Address:		le Lake Drive	
	Enter Florid	la street address	
	Palm Beach Gardens	, Florida	33418
	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, Sing ture of New Registered Agent

or remove	d from our records:	ed to manage, enter the title, name, and	a address of each person being added
MGR = 1	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			Remove
			□ Change
			Add
			Remove
			Change
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			Change
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<del></del>			
			Remove  Remove  Remove  Remove
<del></del>			SSEE FLORIDA Remove
			Change

O. If amending any other infor	 mation, enter cha	inge(s) here: (Attacl	additional sheets, if nece	essarv.)	
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi.	must be specific and co	annot be prior to date of fi et the applicable statut	(optional ling or more than 90 days after cory filing requirements, this	filing.) Pursuant to 605.	.0207 (3 ed as th
document's effective date on the	e Department of Sta	te's records.			
					_
the record specifies a dela- ) The 90th day after the a		te, but not an effe	ctive time, at 12:01 a	.m. on the earlie	er of:
Dated Septen	ben 5.	2017.		₹00 <b>→</b>	
•				7 SI	
<del></del>	Signature of a me	mber or authorized repre	semative of a member		
		4	· -·	SSE T	
		Kelly Legue	. Januar		
		yped or printed name of s	agnee	ORE TO A	
		n * **		C A	
		Page 3 of 3			
	1	Filing Fee: \$25.0	)0		