L17000071302

(Requestor's	s Name)
(Address)	
(Address)	·
(City/State/Z	Zip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document	Number)
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COVER LETTER

	Registration Se Division of Cor			
etin irz		ment & Refurbishment LLC		
SUBJEC	CT:	Name of Limit	ed Liability Company	
The encl	osed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please re	turn all correspo	ndence concerning this matter t	o the following:	
		Kevin Jaikaran		
			Name of Person	
			Firm/Company	
		7132 Cantrell Ct		
		Orlando, FL 32835	Address	
			City/State and Zip Code	
		Kevin.Jaikaran@gmail.com		
		E-mail address: (to	be used for future annual report notific	cation)
For furth	er information c	oncerning this matter, please ca	11:	
Kevin Ja	ikaran		407 484-2211 at ()	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$ 25,6	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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 Investment & Refurbishment LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on March 29th 2017	and assigned
lorida document number L17000071302		
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered agent and/or the new registered office adentated.		nter the name of the n
Name of New Registered Agent:	W - 44	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a <u> </u>
	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

!:)

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>	Address	Type of Action
AMBR	Kevin Jaikaran		
			Remove
			Change +i+K
AMBR	Sandra Prashad		
			Remove
			M.Change +i+6
			Remove
			Change
			□ Add
			□ Remove
			Change
			Remove
			□ Change
			Remove
			□ Change

	-
	<u> </u>
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90	(optional) days after filing.) Pursuant to 605.0
te: If the date inserted in this block does not meet the applicable statutory filing requirem	ents, this date will not be listed
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Page 3 of 3

Filing Fee: \$25.00