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To:		
	Division of Corporations	
	Fax Number : (850)617-6383	
From:		
	Account Name : CORPORATE CREAT	IONS INTERNATIONAL INC.
	Account Number : 110432003053	. 20
	Phone : (561)694-8107	19
	Fax Number : (561)694-1639	
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annual	report mailings. Enter only one en	mail address please.**
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	ELITE TRANSLATIONS	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 ELITE TRANSLATIONS, 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
 04/14/2017

 and assigned

 Florida document number
 L17000084595

 This amendment is submitted to amend the following:

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

 Elite Translation, LLC

 The new name must be distinguistable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.LG."

 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 on our records, <u>coter the name of the new</u> registered agent and/or the new registered office address here:

New Registered Office Address:	Enter Florida street address	-
-	, Florida	

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

Page 1 of 3

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

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Title	Name	Address	Type of Action
			Add
			CI Remove
			Change
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			Remove
			Change

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

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	911
	(optional)
ive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to d If the date inserted in this block does not meet the applicable	- the of date she filling) Pursuant to 605.02

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 Oc	tober 10th, 2019
	Kolus
	Signature of a member of authorized representative of a member
	Ashley Goldsmith, Attorney-in-Fact
	Typed or printed name of signee

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Filing Fee: \$25.00