L17000121386

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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	e Magna Vaue	LL C	
	O Name of Lim	ней Главину Сотрану	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
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		Nume of Terson	
		Sugardines (1. L.C.
	16246 SE	126 th E100	
	<u>Latrecho</u>	1xe, 7134974	
		City/State and Zip Code	2
-	E-mail address: (t	MULY O GM/UL's obe used for future annual report notificat	COM
For further information conc	erning this matter, please ca	ill:	
Name of Pe	D.C.	at (12) 2/27-8 La Area Code Daytime Te	o Sumber
Enclosed is a check for the fe	ollowing amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55,00 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 Magna lian	i LLC-	
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>517000121386</u> .	were filed on	? and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Elite Specialities	LLC	
The new name must be distinguishable and contain the words "Limited Liability"	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10325 DE 1255	3 Blud
(Principal office address MUST BE A STREET ADDRESS)	10305 DE 1265 OKeechobye 71	2.349?4
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nter the name of the nev
		17
Name of New Registered Agent:		
New Registered Office Address:		3 N
	Enter Florida street address	ita Tarangan
	, Florid	a 🚞
	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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00