

L17 000 129648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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04/29/19--01015--002 **119.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 MAY 28 PM 12:05

FILED

MAY 29 2019

M. SOLOMON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2019

THOMAS SHEPARD
ELITE PRO SERVICES OF NORTHWEST FLORIDA
1324 LANSING DRIVE
PENSACOLA, FL 32504

SUBJECT: ELITE PRO SERVICES OF NORTHWEST FLORIDA, LLC
Ref. Number: L17000129640

We have received your document for ELITE PRO SERVICES OF NORTHWEST FLORIDA, LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacy Prather
Regulatory Specialist III

Letter Number: 119A00009424

RECEIVED

MAY 28 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elite Pro Services of Northwest Florida

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Thomas Shepard
Contact Person
Elite Pro Services of Northwest Florida
Firm/Company
1324 Lansing Drive
Address
Pensacola, FL 32504
City, State and Zip Code
850EPS@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Shepard at (850) 698-6424
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input checked="" type="checkbox"/> \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status |
|---------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Elite Pro Services of Northwest Florida

(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 ~~02-09-17~~ 6-14-17 and assigned
Florida document number L17000129640.

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 "L.L.C."

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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Address</u>	<u>Type of Action</u>
MGR	James Carl Turman	Elite Pro Services of N.W. FL	<input checked="" type="checkbox"/> Add
		1324 Lansing Dr	<input type="checkbox"/> Remove
		Pensacola, FL 32504	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

Owner ship of company
Thomas Shepard 46%
James R Turman 44%
James C Turman 10%

2019 MAY 28 PM 12:05
SECRETARY OF STATE
AT TREASURY (00101)

FILED

E. Effective date, if other than the date of filing: _____ (optional)

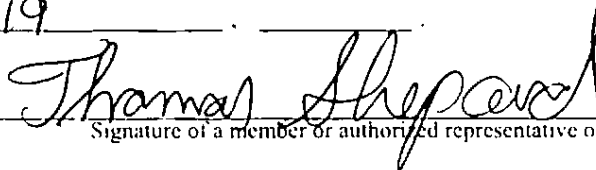
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 5-21-19



Signature of a member or authorized representative of a member

Thomas Shepard

Typed or printed name of signer