L17000237610

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COVER LETTER

TO:

Registration Section

Division of Corporations PILATES AT THE MARKETPLACE LLC SUBJECT: 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: Geoffrey Goldman Name of Person Firm/Company 1801 Pepperidge Drive Address Orlando, Florida 32806 City/State and Zip Code geoffdgoldman@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Geoffrey Goldman Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fec & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 13 AM 10: 53

PILATES AT THE MARKETPLACE LLC

(Name of the Limited Liability Company as it now appears on our records) NE JARY UF STATE (A Florida Limited Liability Company) TALL AHASSEE. FL

The Articles of Organization for this Limited Liability	Company were filed on 11/16/201	and assigned
Florida document number L17000237610		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
ELITE SUITES LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		-
Enter new mailing address, if applicable:		
• • • •	 	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
The state of the s	Enter Florida street address	
		, Florida Zip Code
	-	Zip Code
New Registered Agent's Signature, if changing Registers	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of my du igent as provided for in Chapte ed office address, I hereby conj	ties, and I am familiar with and r 605, F.S. Or, if this document is

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
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ffective date, if other than th	e date of filing:			(option	ual)	
an effective date is listed, the date mote: If the date inserted in this	block does not meet ti	re applicable sta	tutory filing reat	n 90 days after fi prements, this o	ling.) Pursa late will n	ant to 605.02 ot be listed
ocument's effective date on the	Department of State's	records.	, , ,	.,		
record specifies a delayed effect is filed.	ive date, but not an eff	rective time, at	12:01 a.m. on the	earlier of: (b)	The 90th	day after ti
May 10,	202	22				
ated	 ,	 -				
Aull 1	AM					
Auffy 1)	Signature of a member	r or authorized re	presentative of a m	cmber		

Filing Fee: \$25.00