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09/04/18 -01016--027 **25.00



COVER LETTER

Division of Corp	porations		
ELITEX PR	OGRAM LLC		
50m/101	Name of Limi	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	ALEXANDER HACHE JE	₹.	
	·	Name of Person	
	HACHE FINANCIAL SO	LUTIONS LLC	
		Firm/Company	
	2645 EXECUTIVE PARK	DRIVE, SUITE 118	
		Address	.
	WESTON, FL 33331		
		City/State and Zip Code	
	ALEX@HACHEFINANCI		
	E-mail address: ()	to be used for future annual report notifi	cation)
For further information ed	oncerning this matter, please co	ıll:	
ALEXANDER HACHE	JR.	954 701-0824 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

ELITEX PROGRAM LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records. a Limited Liability Company))
he Articles of Organization for this Limited Liability C	Company were filed on 02/02/2018	and assigned
lorida document number L18000030999	<u></u>	
his amendment is submitted to amend the following:		
If amending name, enter the new name of the lim	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	nited 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)	
		00
		SE TI
inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
 If amending the registered agent and/or registered agent and/or the new registered office ado 		
Name of New Registered Agent:		-
New Registered Office Address:	Enter Florida street address	
·		rida Zip Code
	CHI	24/ C (40°

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
MGR ELITEX BREAKTHROUGH LLC	78 SW 7TH STREET, #7-106		
	MIAMI, FL 33130	■ Remove	
			Change
MGR MR7C LLC	78 SW 7TH STREET, #7-106	₩ Add	
	MIAMI, FL 33130	☐ Remove	
			☐ Change
			Remove
			Change
			F Remove ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			O Add
		Remove	
			Change
		🗀 Add	
		Remove	
			□ Change

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Effecti	ive date, if other than the date of filing: (optional)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
the rec	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	August 28/4 2018
	Signature of a member or authorized representative of a member
	RICARDO A. CEVALLOS
	Typed or printed name of signee