

LI80000 30999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ELITEX PROGRAM LLC

\_\_\_\_\_  
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:

ALEXANDER HACHE JR.

\_\_\_\_\_  
Name of Person

HACHE FINANCIAL SOLUTIONS LLC

\_\_\_\_\_  
Firm/Company

2645 EXECUTIVE PARK DRIVE, SUITE 118

\_\_\_\_\_  
Address

WESTON, FL 33331

\_\_\_\_\_  
City/State and Zip Code

ALEX@HACHEFINANCIAL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXANDER HACHE JR.

954

701-0824

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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:**

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

## 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ELITEX BREAKTHROUGH LLC	78 SW 7TH STREET, #7-106	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MR7C LLC	78 SW 7TH STREET, #7-106	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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18 SEP - 10 PM  
CLERK OF DISTRICT COURT  
DADE COUNTY, FLORIDA

FILE  
18 SEP -4  
RECEIVED  
ALBANY NY

FILED  
18 SEP - 4 PM 5:32  
RECEIVED  
ALBANY, NEW YORK

**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.

Dated August 28 2018

August 28<sup>th</sup> 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee