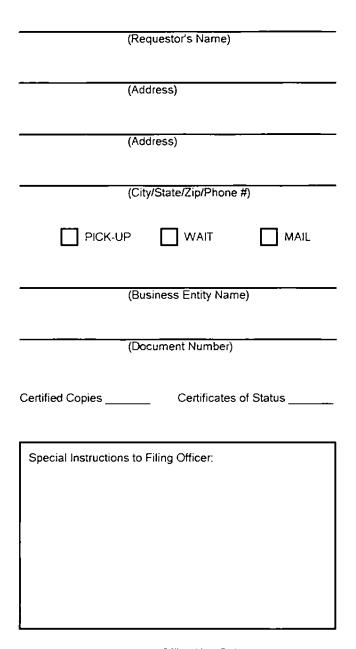
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Office Use Only



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SEP 1 7018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ELite Office In Stallations 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:
Monica Gonzalez Name of Person
Elite Office Frontallations UC_
31 Areca De Address
Ollando Fl 32807 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Office General at 407 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate of

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 Office Insta	ulations LLC
(<u>Name of the Limited Liability</u> (A Florida	v Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR.	ESS)
Enter new mailing address, if applicable:	TO THE D
(Mailing address MAY BE A POST OFFICE BOX)	
	29
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, <u>enter the name of the new</u> ress 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 Type of Action Address Title <u>Name</u> AMBR Eeic Genzalez 31 Areca De Oelando, FL 32807 _ □ Remove ☐ Change Monica Gonzalez ☐ Remove Married naw So Changing & Change last name from Schuster to Georzalez □ Add ☐ Remove **♂** _□ Change □ Add ☐ Remove □ Change □ Add ☐ Remove

□ Change

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reffective date is	other than the date listed, the date must be sp	ecific and cannot b	e prior to date of f	iling or more than 90 o	(optionar) days after filing.) I	Pursuant to 605.02
<u>te:</u> If the date i	inserted in this block de	oes not meet the	applicable statut	tory filing requirem	ents, this date w	ill not be listed
rument s effecti	ive date on the Departr	nent of State's re	coras.			
	ifies a delayed effe		ut not an effe	ective time, at 1	12:01 a.m. oi	n the earlier
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Page 3 of 3

Filing Fee: \$25.00