Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000123583 3)))



H180001235833ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from t	his page.
Doing so will generate another cover sheet.	

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: LEGALZOOM.COM INC.

Account Number : I20010000062

Phone

: (323)962-8600

Fax Number

: (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Address:_						
	Address:_	Address:	Adóress:	Address:	Address:	Address:

LLC AMND/RESTATE/CORRECTOR M/MG RESIGN ELITE AFFAIRS EXPERIENCE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help APR 2 0 2018

1/1

.....

COVER LETTER

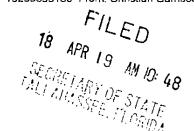
TO: Registration Se Division of Co		; {*	
SUBJECT: ELITE A	FFAIRS EXPERIENCE, LL	c	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
	A THE PARTY OF THE	Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N. Brand Blvd., 11t	h Floor	
		Address	
	Glendale, CA 91203	2000年1月1日 · 2011	
		City/State and Zip Code	
	eliteaffairsexperience@g		
	E-mail address: (to be used for future amount report notifi	ट्यांजा)
For further information of	concerning this matter, please co	all;	
Cheyenne Moseley		800 773-0888 ex	
Name o	of Person	at () :- Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
[] \$25.00 Fitting Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 ic

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ELITE AFFAIRS EXPERIENCE, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	in as it new appears on our record liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 03/15/2018	and assigned
Florida document number L18000067969	4) 14 4 7	-
This amendment is submitted to amend the following:	。 1. iSA - teal, - Dec 接続は、 sector - 現で	
A. If amending name, enter the new name of the limited liab	llity company here:	
	•	
he new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LL(C" or the ubbreviation "L.L.C."
Enter new principal offices address, if applicable:	20009 Daytona Way	
(Principal office address MUST BE A STREET ADDRESS)	Tampa_FL. 33647	_
Enter new mailing address, if applicable:	20009 Daytona Way	
	Tampa, FL. 33647	······································
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Finer Florida street address	y
	ativ . Fl o	orida
	City , FIG	Zîp Code

New Registered Agent's Signature, if changing Registered Agent:

thereby occupi the appointment as registered agent and agree to out 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 addres. 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 amendin Authorized	g the Managers or Authorize Member being added or ren	d Member or loved from o	our records, ente ur records:	r the title, name.	and address of each Manager or
MGR = N AMBR = A	fanager authorized Member		7. 		
<u>Title</u>	Name		Address		Type of Action
			St.		□ Add
			S _p (□ Remove
					Add
			.,		Remove
			. , , , , , , , , , , , , , , , , , , ,	1:1	Add O
		;	en dayin		
			,		THE TOTAL TO
	W-101			· ************************************	Add
			دونه د يوه		□ Remove
			-A		
					□ Add
			· · · · · · · · · · · · · · · · · · ·		Remove
			 		
			n est tar	- Juni	
					□ Remove

as follows:		
20009 Daytona Way, Tam	ра, FL 33647	44
		· · · · · · · · · · · · · · · · · · ·
tive date, if other than the di fective date must be specific, cannot see this document is filed by the Flor	be prior to date of receipt or filed date and cannot be more than	(optional) 90 days after
April 17	2018	
	Bonoule 1	
	ignature of a member or authorized representative of a member	*
	Ronnell Curtis	-10 to
	Typed or printed name of signee	APR 1
		19

Page 3 of 3

Filing Fee: \$25.00

ज राजिही जिसे रेडि