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J I FGGETT JUN 2 8 2018

COVER LETTER

TO: Registration So Division of Con			·
SUBJECT: ELL	te Grounds Wan	rintenance, LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sheila	Name of Person	
	_ Elite Gi	rounds Mainter Firm/Company	nance, LLC
	3511 Con	stitution Dr. Address	
	Titusvil	le, Florida 329 City/State and Zip Code	95 <i>5</i>
	myegmle Ishail address: (1	c D gmail. Com	fication)
For further information c	concerning this matter, please ea		
Donny &	atterson of Person	at (<u>321</u>) <u>303 - 7</u> Area Code Daytim	503 e Telephone Number
Enclosed is a check for the	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now (A Florida Limited Liability Com		
The Articles of Organization for this Limited Liability Company were filed	on 03/30/2018 and assigned	
Florida document number <u>L180000071471</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	anv here:	
The new name must be distinguishable and contain the words "Limited Liability Company		
Enter new principal offices address, if applicable:	े हों 	
(Principal office address MUST BE A STREET ADDRESS)		
	· .	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	æ	
B. If amending the registered agent and/or registered office address tere: Name of New Registered Agent:	ess on our records, <u>enter the name of th</u>	
New Registered Office Address:		
	Enter Florida street address	
En		
En City	, Florida	

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>	Name	Address	Type of Action
Pres.	Sheila Street	3511 Constitution Dr.	
		Titusville, FL 32780	⊠ Remove
			Change
Mgr.	Sheila Street	3511 Constitution Dr.	, 🗷 Add
		Titusville, FL 32780	Remove
			Change
<u> </u>	Donald Patterson Jr.	3511 Constitution Dr.	
		Titusville, FL 32780	⊠ Remove
			🗆 Change
			🗆 Add
			Remove
			Change
			🗖 Add
			□ Remove
			Change
	 		
			Remove
			☐ Change

	<u></u>
	<u></u>
ective date, if other than the date of filing: 26/24 effective date is listed, the date must be specific and cannot be prior to e: If the date inserted in this block does not meet the applica ament's effective date on the Department of State's records.	to date of filing or more than 90 days after (iling.) Pursuant to 605.02
record specifies a delayed effective date, but not ne 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier
Sheila Street Signature of a member or author	·
ShailarStant	
Signature of a member or author Sheila Street Typed or printee	rized representative of a member

Page 3 of 3

Filing Fee: \$25.00