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COVER LETTER

TO:

Registration Section

Division of Corporations						
	TER AND JACKIE CLARKE E	NTERPRISES, LLC				
SUBJECT:Name of Limited Liability Company						
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.				
	nondence concerning this matter	_				
·		Ü				
	JACKIE CLARKE					
	·	Name of Person				
	S&J ELITE HOLDINGS.	LLC				
	Firm/Company					
	14971 SW INDIAN AVE					
		Address				
	INDIANTOWN, FL 34950	6				
	17CA11232 V3@A71100 (City/State and Zip Code				
	JACKIE77_07@YAHOO.0 E-mail address: (to be used for future annual report not	ification)			
For further information	concerning this matter, please c	all:				
JACKIE CLARKE		772 634-2233				
Name of Person		at ()	ne Telephone Number			
Enclosed is a check for	the following amount:					
□ \$25.00 Filing Fee	S30.00 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SYLVESTER&JACKIE CLARKE ENTERPRISES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/3/12018}{1}$ and assigned Florida document number L18000175112 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: S&J ELITE HOLDINGS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) P.O.BOX 202 Enter new mailing address, if applicable: INDIANTOWN, FL 34956 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

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
			□ Add
			□Remove
			□Change
			□Add
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			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated _ Morem buc se of a member or authorized representative of a member JACKIE CLARKE Typed or printed name of signee

Filing Fee: \$25.00