

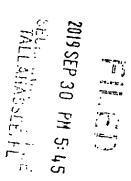
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## **COVER LETTER**

Division of Corp	porations				
Elite Caregi	vers United LLC				
	Name of Limit	ned Liability Company			
The enclosed Articles of a	Amendment and fee(s) are subm	nitted for filing.			
Please return all correspon	ndence concerning this matter t	o the following:			
	Marie Carmel Coty				
	-	Name of Person	<del></del>		
	Elite Caregivers United  Firm Company  5401 S. Kirkman Rd. Suite 217B  Address  Orlando, Florida 32819  City/State and Zip Code  Elitecare 27@gmail.com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  Davin  727  Area Code  Daytime Telephone Number				
Firm/Company					
	5401 S. Kirkman Rd. Suite	217B			
	***	Address	<del>-</del>		
	Orlando, Florida 32819				
	Elitecare27@gmail.com	City/State and Zip Code			
	E-mail address: (to	o be used for future annual report to	otification)		
For further information co	oncerning this matter, please ca	II:			
Sally Davin		727 226-7838			
Name of	Person	Area Code Dayt	ime Telephone Number		
Enclosed is a check for th	e following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		

MAILING ADDRESS:

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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 Caregivers United LLC					
(Name of the Limited I (A I	iability Compa Jorida Limited	i <mark>ny as it now appears on ou</mark> Liability Company)	records.)		
The Articles of Organization for this Limited Liabi Florida document number L18000269712	lity Company	were filed on November	19, 2018	and assign	ed
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the				2019 :	entre l'
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation	on "LLC" or the a	bbreviation TJL.C.	eressers
Enter new principal offices address, if applicable	e:	5401 S. Kirkman Rd. S	uite 217B	30 AH	
(Principal office address MUST BE A STREET A	(DDRESS)	Orlando, Florida 32819		- P	1 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>.Y)</u>			5. 5. 45 FFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF	
B. If amending the registered agent and/or registered agent and/or the new registered office			ecords, <u>enter</u>	the name of	the nev
Name of New Registered Agent:	Marie Coty	·			
New Registered Office Address:	5401 S. Kirkma	an Rd. Suite 217B			
		Enter Florula stree	et address		·
	Orlando		, Florida <sup>32</sup>	2819	
-		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	Marie Coty	5401, S. Kirkman Rd.	
		Suite 217B	
			□ Remove
		Orlando, Florida 32819	
			Change
			D Remove
			□ Change
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			☐ Change
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			Remove
			□ Change

	•
E CC.	stive data if other than the date of Clinary
(If an e	ctive date, if other than the date of filing:
) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	Signature of a member of authorized representative of a member
	War à Cotos

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Typed or printed name of signee

Filing Fee: \$25.00