

L18000274338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

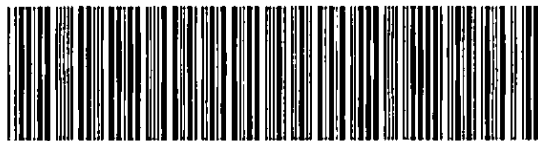
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21 MAR 15 PM 2:27
STATE
DEPT OF CORRECTIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELITE DEVELOPMENT 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:

VIKTORIA KAZSAMER
Name of Person

Firm/Company

16 FLEMING CT
Address

PALM COAST, FL 32137
City/State and Zip Code

viktoria.kazsamer@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDRAS KAZSAMER at (386) 451-6075
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SECRETARY OF STATE
DIVISION OF CORPORATIONS

21 MAR 15 PM 2:27

ELITE DEVELOPMENT 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 11-27-2018 and assigned
Florida document number L18000274338

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

16 FLEMING CT

PALM COAST FL

32137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16 FLEMING CT

PALM COAST FL

32137

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:

VIKTORIA KAESAMER

New Registered Office Address:

16 FLEMING CT

Enter Florida street address

PALM COAST

City

Florida

32137

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

DEPT. OF CORRECTIONS
DIVISION OF CORRECTION

21 MAR 15 PM 2:27

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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AMBR	VIKTORIA KAZSAMER	16 FLEMING CT	<input checked="" type="checkbox"/> Add
		PALM COAST, FL 32137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

MGR	ANDRAS KAZSAMER	16 FLEMING CT	<input type="checkbox"/> Add
		PALM COAST, FL 32137	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

ADDRESS

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
21 MAR 15 PM 2:27

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 FEBRUARY 26 . 2021 .



Signature of a member or authorized representative of a member

ANDRAS KARZAMER

Typed or printed name of signee