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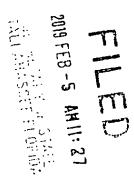
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## **COVER LETTER**

Division of Corp	porations			
SUBJECT:	Elite Flexi	bilty LLC nited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
		Name of Person  Texibilty LLC  Firm/Company		
	_2608_Bla			
		City/State and Zip Code  SilityLLC @ gmail to be used for future annual deport notif		
For further information co	E-mail address: (incerning this matter, please ca			
Barbara Name of		at (56 ) 246-2 Area Code Daytime	H34  Telephone Number	FILED
Enclosed is a check for the	e 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:

TO:

Registration Section

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

tlite Flexibilty 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 12-31- ZO18	20.	d assigned	,
Florida document number <u>L19000003319</u>	and	n assigned	l
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
Elite Flevihilit. 110			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviation	a "L.L.C."	<del></del>
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
<ol> <li>If amending the registered agent and/or registered office address on our records, enteregistered agent and/or the new registered office address here:</li> </ol>	r the nan	ne of the	ne
		2019	_
Name of New Registered Agent:	_ ; ; ;	-m	1
New Registered Office Address:	7	- S	<b></b>
Enter Florida street address	****	A II	7
—————————. Florida _	70.00	= [	<u> </u>
DW Degistered A	Zip Coc	<b>#</b> \}	

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>	Name	Address	Type of Action
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record spec The 90th day	ifies a delay after the re	ed effective ecord is filed	date, but d.	not an effec	tive time, a	t 12:01 a.n	n. on the earl	ier d
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00