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COVER LETTER

~ .	ration Sector of Corp.			•	
El	lite Practice	Management LLC			
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed A	rticles of A	mendment and fee(s) are sub	nitted for filing.		
Please return all	I correspon	dence concerning this matter	to the following:		
		Marina Tabakman			
			Name of Person		
		Elite Practice Management	LLC		
			Firm/Company		_
		33 E Camino Real, Apt 712	2		
			Address		
		Boca Raton, FL 33432			
			City/State and Zip Code		
		ElitePMLLC@yahoo.com			
			o be used for future annual	report notificat	ion)
For further info	rmation cor	ncerning this matter, please ca	all:		
Marina Tabakman			7-9800		
	Name of I	rerson	Area Code	Daytime Te	lephone Number
Enclosed is a ch	heck for the	following amount:			
□ \$25.00 Fili	ng Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address:		<u>Street A</u> Registr	ddress:	on
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite Practice Management, LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Li Florida document number L19000110318 This amendment is submitted to amend the following the content of the	·	were filed on April 2	and assigned α
A. If amending name, enter the new name of	C	oility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	33 E Camino Real	
	T ADDRESS)	Apt 712	
		Boca Raton, FL 334	32
•••		33 E Camino Real Apt 712	
muning duaress MAT BE ATOST OFFICE	<u>Βυλή</u>	Boca Raton, FL 334	32
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	w-		rds, <u>enter the name of the new registered</u>
Name Descriptional Office Address	33 E Camino R	teal, Apt 712	
New Registered Office Address:		Enter Florida s	street address
	Boca Raton		Florida 33432
		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 Ment, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MgV	Marina Tabakman	33 E Camino Real, Apt 712, Boca Raton, FL 33432	= Add
			□Remove
			□Change
		<u>-</u>	🗆 Add
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	's effective date on the Department of State's records.	
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	Oar the
is filed		ner me
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ted	July 15 2020 ff ff	
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	/ // L / L / L / 	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00