L19000122038

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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 9, 2020

SHERRIA WILLIAMS S WILLIAMS LAW, PLLC PO BOX 172984 HIALEAH, FL 33017

SUBJECT: ELITE PROPERTY ACQUISITIONS, LLC

Ref. Number: L19000122038

We have received your document for ELITE PROPERTY ACQUISITIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

THE CLARK MANAGEMENT GROUP, INC - P20000028228

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia S Young Regulatory Specialist II

Letter Number: 420A00016090

Division of Company in an D.O. DOV 6297 Well-beared Florida 2001

TO:

Registration Section

Div	ision of Corp	porations		
		PERTY ACQUISITIONS, LI	.c	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		SHERRIA WILLIAMS		
			Name of Person	
		S WILLIAMS LAW, PLL	c	
			Firm/Company	
		PO BOX 172984		
			Address	
		HIALEAH, FL 33017		
			City/State and Zip Code	
		SWILLIAMS@SHERRIAV E-mail address: (WILLIAMSLAW.COM to be used for future annual report	notification)
For further in	nformation co	oncerning this matter, please ca	all:	
SHERRIA V	WILLIAMS		305 986-186	60
	Name of	f Person	Area Code Da	ytime Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 F	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)
	iling Addres gistration S		Street Addres Registration	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

DocuSign Envelope ID: 76630E59-300E-4D65-A094-64CEA53E0880

ARTICLES OF AMENDMENT

ARTICEES OF AMERICA
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ARTICLES OF ORGANIZATION
OF

		Editor I
ELITE PROPERTY ACQUISITIONS, LLC		8 C
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	SI NA COLOR
The Articles of Organization for this Limited Liability Com	npany were filed on 5/6/19	and assigned
Florida document number L19000122038		2 0.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
SANAA ENTERPRISES, 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 ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	B. B.	
	Enter Florida street address	
	, Florid	
	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.

DocuSign Envelope ID: 76630E59-300E-4D65-A094-64CEA53E0880
II amenuing Authorized rerson(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
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Affective date, if other than the date of an effective date is listed, the date must be spe	cific and cannot be p	nor to date	of filing or mo	re than 90 days a	ptional) fter filing.) Pu	irsuant to 605.02
Note: If the date inserted in this block do	es not meet the app	plicable st	atutory filing	requirements.	this date wil	I not be listed
locument's effective date on the Departm	ent of State 5 reco	rus.				
record specifies a delayed effective date, d is filed.	but not an effectiv	e time, at	12:01 a.m. o	n the earlier of:	(b) The 9	Oth day after th
a is med.						
OCTOBER 2	2020					
Dated	· · · · · · · · · · · · · · · · · · ·					
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Filing Fee: \$25.00