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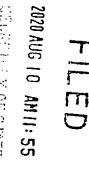
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SURJECT: Eli-	te Ivestors	& Enterpises	LLC
	Name of Lin	nited Liability Company	
on the second		to be on.	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter		
	Enrique	Martinez	· · · ·
	Elite.	Name of Person  IVESTURS & E	Enterprises LLS
		Firm/Company	
	613 Mari	annel 12el Advan	1000 00 00 00 00 00 00 00 00 00 00 00 00
		Address	
	Aularnelle	FL 35823 City/State and Zip Code	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please o	all:	
Enrique P	Acartic Mar	tine (563) 509-	9515
Name o	f Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for th	ic 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 Addres	=	Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632	•	Division of Corp The Centre of T	
Tallahassee, I		· · ·	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite Investors	* Enterprises LLC
( <u>Name of the Limited Li</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number £19000 1924	by Company were filed on $07/29/70/9$ and assigned $97$ .
This amendment is submitted to amend the following	5.
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:	2020 A
(Principal office address MUST BE A STREET AD	ODRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	AMII S
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new registered</u> e:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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>	Name	Address	Type of Action
MGR	Enrique Martinez	613 Marianne Rd Alb	urnal FL 3823
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effectiv	e date is listed, the date must be date inserted in this bloo	e specific and cannot			days after filing	g.) Pursuant to 60	
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	ecifies a delayed effective	date but not an eff	Sective time at 1	2-01 a m. on the earl	ier of: (b) T	he 90th day aft	or the
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