## 119000212837

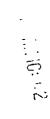
(Re	equestor's Name)	
(Address)		
(Ac	ddress)	<u>.</u>
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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Amend

OCT 2 9 2019
I ALBRITTON

## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC	ALFA ELI	TE LLC		
SUBJEC	· l ·	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		BULAKHOVA, NELLI		
		ALFA ELITE LLC	Name of Person	
		1867 SW 31ST AVE	Firm/Company	
		PEMBROKE PARK, FL 3	Address 3009	
		ALEXEYRENALDO@GM	City/State and Zip Code IAIL.COM	
		E-mail address; (	to be used for future annual report notif	ication)
For furth	er information e	oncerning this matter, please ca	nfl:	
NELLIE	BULAKHOVA		305 775-0163	
	Name o	f Person	Area Code Daytimo	: Telephone Number
Enclosed	Lis a check for th	ne following amount:		
<b>■</b> \$25.0	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALFA ELITE LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 98/20/2019	and assigned
lorida document number £19000212837	·	
his amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "E.I.C" of	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		· <u>-</u>
Principal office address MUST BE A STREET ADD.	RESS)	
		·
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		·
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered office ado</li> </ol>		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flor	ida Ziv Code
	Cuy	гір Соае

## 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>	<u>Name</u>	Address	Type of Action
MGR	Regimantas Pilkaityte	2001 Atlantic Shores Blvd Apt 116 Hallandale Beach, FL 33009	■ Add
			Remove
			Change
		<del></del>	□ Add
			☐ Remove
			Change
			□ Add
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			□ Remove
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Bulkhova and 50% to Regimantas Pilkaityte	
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Tective date, if other than the date of filing:	(optional)
te: If the date inserted in this block does not meet the applicable s	
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an	effective time, at 12:01 a.m. on the earlier of
The 90th day after the record is filed.	
ted	
k.	
Signature of a member or authorized	range antation of a mambar

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00