L19000265582

(Re	equestor's Name)			
(Ac	idress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	es of Status		
Special Instructions to Filing Officer:				

Office Use Only



600348789386

07/24/20--01025--003 **30.00

RECEIVED
JUL 2 1 2020

SEP 02 2020 S. YOUNG



COVER LETTER

TO: Registration Se Division of Cor		•	
· CUDIFCT.	Flittes	acricos IIC	.9
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Carn	Name of Person	
		Firm/Company	
	2262 A	bor Ublk Cide	#1624
	N	Ples FL 34109 City/State and Zip Code	
		Lat amail.com	
For further information c	oncerning this matter, please co	all:	
Car men Name o	Silva f Person	at (<u>234</u>) <u>221 41</u> Area Code Daytin	99 ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		☐ \$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	<u>Street Address:</u> Registration Se Division of Co	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elitte	Services, ILC	E T
(Name of the Limited (A	Liability Company as it now appears on our : Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab Florida document number 190076558		2019 Rogand assigned
This amendment is submitted to amend the follow	ing:	कर्ति 🗜
A. If amending name, enter the new name of the Elicitic Soldie. The new name must be distinguishable and contain the word	1.4.6	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	<u> </u>	
B. If amending the registered agent and/or registered office address b	•	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		_, Florida
	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 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
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			☐ Change
			□Add
			□Remove
			□Change
<u> </u>			□Add
		□Remove	
			Change
		□Add	
		□Remove	
		□Change	
		□Add	
	-	□Remove	
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member