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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

Elite VIP (Capital Investment LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Robert Sacks		
		Name of Person	<u>_</u>
		Firm/Company	
	2000 Island Blvd Apt 290	7	
		Address	
	Aventura Florida 33160		
		City/State and Zip Code	
	rubysacks305@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Robert Sacks		305 725 3953	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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 Sec	otion
Registration S Division of C		Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE VIP CAPITAL INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 12/02/2019	Mand a Figured
lorida document number 1.19000293929		And a Rened O
his amendment is submitted to amend the following:		The state of the s
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Lamited Liabi	ility Company," the designatio	on "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
New Registered Office Address: New Registered Address:	Enter Florida street	t address
		. Florida
	City	Florida
iew Registered Agent's Signature, if changing Registered Agent:	<u> </u>	
hereby accept the appointment as registered agent and agree rovisions of all statutes relative to the proper and complete eccept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	performance of my dut provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
If Cha	nging Registered Agent Sign	ature 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

(VE C) IX	.v.anage.	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Hugo Amaya	2800 Island Blvd Apt 902	≅Add
		Aventura Florida 33160	□Remove
			□Change
AMBR Emannuel Amaya	2800 Island Blvd Apt 902	■Add	
	Aventura Florida 3160	□Remove	
			□Change
	-	□Remove	
			□ Change
			□Add
		□Remove	
		□Change	
	 	□Remove	
		□Change	
			□Add
			□Remove
			□Change

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Effective data if other than	the date of filings		/4 ² D	
Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specific and cannot be p s block does not meet the app	rior to date of filing or more the plicable statutory filing requ	(optional) un 90 days after filing.) Pursuant to 605.0 uirements, this date will not be listed	207 (3 as th
he record specifies a delayed effoord is filed.	ctive date, but not an effectiv	re time, at 12:01 a.m. on the	earlier of: (b) The 90th day after t	he
Dated July 24	2020			
	C. S. k.	uthorized representative of a n		
	Signature of a member or a	uthorized representative of a p	nember	

Typed or printed name of signee