## 120000069742

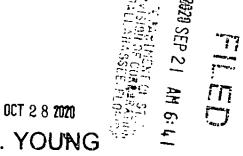
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Office Use Only



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03/21/20--01026--017 \*\*25.00



S. YOUNG

## **COVER LETTER**

Division of Co			
SUBJECT:	Elite Work	Pros LLC	
	Name of Lin	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:	
	Joann	L Caceres Name of Person	
	Elite	WORK Pros LLC Firm/Company	
	14500	DSW 105 AVENT	ll_
		mi, FL 33176	
	elite E-mail address: (	City/State and Zip Code  Creative designs 10 to be used for future annual report notifica	gmail. com
For further information of	concerning this matter, please c		
	GCENES	at (305) 967-20 Area Code Daytime To	248 Slephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration	Section	Street Address: Registration Section	on
Division of C	Corporations	Division of Corpo	rations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite Work Pro		<u> </u>
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears o imited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Con	many were rives on	3 03 20 and and assigned
Florida document number <u>L2000069742</u>	:	9,000
This amendment is submitted to amend the following:		至 5
A. If amending name, enter the new name of the limite	d liability company here	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
	<del></del> .	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	office address on our reco	rds, <u>enter the name of the new registered</u>
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
<del></del>		, 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 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	Jorge Caceres	14500 SW105 Avenue	🗆 Add
		Miami, FL 33176	Remove
			□Change
MGR	Melida Yamileth Castro	2020 NW 100 Street	XAdd
		Miami, FL 33147	Remove
			Change
<del> </del>			□Add
			□Remove
			□ Change
			🗆 Add
		□Remove	
			□Change
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			□Remove
			□Change
·			□Add
			□ Remove
			□Change

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