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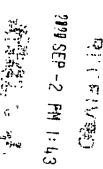
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C. GOLDEN SEP - 3 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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J ELITE LLC				
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				Art of Inc. File
· · · · · · · · · · · · · · · · · · ·			J	LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
			·	Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
<u> </u>				Driving Record
Requested by: Seth				UCC I or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Valk-In + Pander's Printing + Thomasure GA arcc	Will Pick Up		- 	Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T ELITE LL	2 75 -2 54 10: 19
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup \frac{1}{2000097847} \). This amendment is submitted to amend the following:	were filed on <u>UH/OH/2020</u> and assigned
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8605 PROSPECT LN. Parkiand, FL, 33076
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8605 PROSPECT LN, Parkland, FL, 33076
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Floridu 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

Title	<u>Name</u>	Address	Type of Action
AMBL	Jason Schnuls	11/71 Horon Bay Blud, AP+ 4223, cora'l springs,	
<u> </u>	Jason Schnug	8605 PROSPACY LN,	□Change
	Parkiana, FL, 33076	□Remove	
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If an eff <u>Note:</u>	ve date, if other than the date of filing:
e recor rd is fil	d 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 led.
Dated	August 31st, 2020
	Sure Bellevill
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00