Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000314438 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : 120020000140 Phone

: (561)844-3600

Fax Number

: (561)842-4104

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELITE ACCESS OPPORTUNITIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Enclosed is a check for the following amount:

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Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

09-10-20 09:50am From-

T-721 P 03/05 F-314

FT & UUUU U T T >>> U

### TO ARTICLES OF ORGANIZATION OF

ELITE ACCESS OPPORTUNITIES LLC		_
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)	
he Articles of Organization for this Limited Liability Company were filed on	6/25/2020 and	assigned
lorida document number L20000178729		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability company	here:	
		12 T C 11
e new name must be distinguishable and contain the words "Limited Liability Company," th	e designation "LLC" or the abbreviation	·** <u>\$</u> ,1.,4,**
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		a Tier
	(-	3
When the constitution is	<u>'-</u> -	J
nter new mailing address, if applicable:	c	5
Auiling address MAY BE A POST OFFICE BOX)		
	-	· <del>*</del>
. If amending the registered agent and/or registered office address on ou	r records, enter the name of the	new register
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
Enter a	Florida street address	
	, Florida	
City	Zip Co	ode

#### 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.

## 09-10-20 09:51am Fromor removed from our records:

MGR = Manager AMBR = Authorized Member

# T-721 P.04/05 F-314 HZ00003144383

\_\_ Change

Title	Name	Address	Type of Action
MGR	Jon Paul Cirelli	34 Dunbar Road	<b>=</b> Add
		Palm Beach Gardens, FL 33418	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Removc
			Change
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 ····	<u> </u>			

E. Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

David B. Norris, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00