

K2C 000 181393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

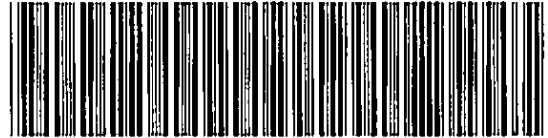
(Business Entity Name)

(Document Number)

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2021 JUL 26 PM 1:02
TALLER, SCOTT
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D. BRUCE
AUG 07 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ELITE POWER MOVES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHYNA MICHELLE CRAFT

Name of Person

ELITE POWER MOVES LLC

Firm/Company

3665 EAST BAY DRIVE, SUITE 204, MIB 238

Address

LARGO, FL 33771

City/State and Zip Code

ELITEPOWERMOVES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHYNA MICHELLE CRAFT

470

265-5957

at ()

Name of Person

Area Code

Daytime Telephone Number

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TALLAHASSEE, FL

2021 JUL 26 PM 1:02

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Enclosed is a check for the 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 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ELITE POWER MOVES 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 06/29/2020 and assigned Florida document number 1.20000181393.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CHYNA MICHELLE CRAFT

New Registered Office Address:

3665 EAST BAY DRIVE, SUITE 204, MB 238

Enter Florida street address

LARGO

City

Florida 33771

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CHYNA MICHELLE CRAFT	3665 EAST BAY DRIVE, STE 204, MB 238, LARGO	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	BUSTER BENNY SIMON	606 N OSCEOLA AVE, CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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ALLIANCE OF FL

[illegible]

2021 JUL 26 PM 1:02
FALL ARIZONA STATE


(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)

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.

Dated JULY 20

2021

Y 20 _____ 2021



Signature of a member of the _____

Signature of a member or authorized representative of a member

CITYNA MICHELLE CRAFT

Typed or printed name of signee

Filing Fee: \$25.00