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(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Elite tome	Ingrovement & HUAC Services, LCC me of Limited Liability Company
The enclosed Articles of Amendment and fee(s)	are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
	Aprayl young
	Firm/Company
3920	DE lake Rd Address
	Minamer FC 33023
E-mail a	City/State and Zip Code info 4elifeServices@gmail.com address: (to be used for future annual report notification)
For further information concerning this matter, p	
Hame of Person Jours	at (754) 747-1001 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$30.00 Filing Fee ☐ \$30.00 Filing Fe Certificate of S	-
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited I.	prevenent & 140 AC ny as it now appears on our records.) iability Company)	Services. U
The Articles of Organization for this Limited Liability Company Florida document number <u>L. 2000</u> 238350	were filed on <u>August 06,70</u>	$\mathcal{C}\widehat{\mathcal{O}}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability and A Investment Cross The new name must be distinguishable and contain the words "Limited Liability and Contain the words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words "Lia	_	breviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3920 Elake Rd Miramar, FL 3	307.3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3920 E lake Ro Miremat, FC	33023
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 nam	e of the new registere
Name of New Registered Agent:		= =====================================
New Registered Office Address:	Enter Florida street address	
	, Florida	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>	Address	Type of Action
AT AMBR		· · · · · · · · · · · · · · · · · · ·	
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			□Change

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i effecti te: If i	date, if other than the date of filing:
cord s _l s filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	Jone 17th 2021
ed	
ed	
ed	Signature of a member or authorized epresentative of a member