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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

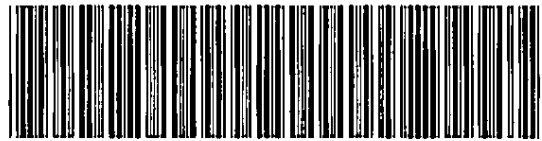
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Universal Elite Enterprise
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:

Hoxana Castleberry-Laidler
Name of Person

Universal Elite Enterprise
Firm/Company

4604 49th Street North Ste #1080
Address

St. Petersburg, FL 33709
City/State and Zip Code

Unielite.ent74@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hoxana Castleberry-Laidler at (863) 677-5659
Name of Person Area Code Daytime Telephone Number

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**

Universal Elite Enterprise 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 November 30, 2020 and assigned Florida document number L20000374354

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

4604 49th Street North
Suite #1080
St. Petersburg, 71 33709

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4604 49th Street North
Suite #1080
St. Petersburg, 91 33709

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:

New Registered Office Address:

Roxana Castleberry-Laidler
4604 49th Street North Ste #1080
Enter Florida street address
St. Petersburg, Florida 33709
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.

Roxana Castleberry-Laidler
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	Name	Address	Type of Action
MGR	Hoxana Castleberry-Laidler	4604 49th St North Suite #1080 St. Petersburg, FL 33709	<input checked="" type="checkbox"/> Add

☐ Remove

AMBR	Alton Grimsley	1806 54th place South Apt #A St. Petersburg, FL 33712	<input checked="" type="checkbox"/> Add
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☐ Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Business address - 4604 49th Street North Suite #1080
St. Petersburg, FL 33709

Business email address - Unielittle174@gmail.com

Business phone number - 727-342-3479

E. Effective date, if other than the date of filing: _____ (optional)

(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.

Dated July 15th, 2021

Roxana Castleberry - Laidler

Signature of a member or authorized representative of a member

Roxana Castleberry - Laidler

Typed or printed name of signer