L21000003030

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	rporations			
	ness Partners Solutions, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing		
		_		
rrease return an correspo	ondence concerning this matter	to the following:		
	Denisse Suarez			
		Name of Person		
		Firm/Company		
	772 NE 206th Terrace			
		Address	- (§	2021
	Miami, FL 33179			2021 JAN 25 PM 2
		City/State and Zip Code		25
	saacvd@gmail.com			
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notif	ication) Non-	5
Denisse Suarez	,	305 205-1852	۱۱.	W
Name of Person		at ()	Telephone Number	_
Enclosed is a check for t	the following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$\infty\$ \$60.00 Filing F Certificate of \$ Certified Copy (additional copy is	Status &
Mailing Addre		Street Address:		
Registration Division of (Registration Sec Division of Cor		
P.O. Box 633		The Centre of T		

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite Business Partners Solutions, LLC.		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our red Liability Company)	records.)
The Articles of Organization for this Limited Liability Comparation document number <u>L21000003030</u> .	iny were filed on 12/22/2020	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited li	iability company here:	
Ascend Business Management, LLC.		
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		27
<u> Principal office address MUST BE A STREET ADDRESS)</u>		N
		O 1
		PR PR
Inter new mailing address, if applicable:	 	
Mailing address MAY BE A POST OFFICE BOX)		09
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	ce address on our records, <u>c</u>	enter the name of the new registo
Name of New Registered Agent:		_
New Registered Office Address:		
	Enter Florida 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.

It amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = AMBR =	Manager - Authorized Member	N/A		
<u>Title</u>	Name	•	Address	Type of Action
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				□Remove
				Change
				🗆 Add
				□ Remove 202 Change
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		(7)	<i>,</i>)					
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