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PICK-UP WAIT MAIL
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(Business Entity Name)
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## **COVER LETTER**

TO:

Registration Section

Division of Cor	rporations		
	Group LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lamar Adrian Ambersley		
		Name of Person	
	L & S Elite Group LLC		
		Firm/Company	<del></del>
	6017 Christina Dr E		
		Address	
	Lakeland, Florida, 33813		
	<del></del>	City/State and Zip Code	<del></del>
	elitegroupcare@gmail.com		
	E-mail address: (	to be used for future annual report not	fication)
For further information o	oncerning this matter, please ea	all:	
Lamar Ambersley		561 983 5115 at ( )	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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		Street Address: Registration Se Division of Co The Centre of T	rporations
Tallahassee,			e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	(A Florida Limited I	inv as it now appears Liability Company)	on our records.)
The Articles of Organization for this Limited I Florida document number L21000140760	Liability Company	were filed on Marc	ch 25, 2021 and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited <u>li</u> ab	ility company her	<u>e</u> :
& S Elite Group LLC			
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	6017 Christina Dr	E, Lakeland, Florida, 33813
Principal office address MUST BE A STRE			
		<del></del>	24
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>		6017 Christina Di	E, Lakeland, Florida, 33813 8
			<u> </u>
3. If amending the registered agent and/or gent and/or the new registered office addr	_	address on our rec	cords, enter the name of the new regis
Name of New Registered Agent:	Lamar Adrian Ambersley		
New Registered Office Address:	317 SW Log Di	r	
		Enter Florid	a street address
	Port St Lucie		, Florida 34953
		City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

MEGA TREN FASHION LLC

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
AMBR Shancike Williams		4140 Mayfair Way, Lakeland, Florida, 33812	<b>≣</b> Add
			□Remove
			□Change
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			□Remove
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,	Vill be the parent Company for Elite Care Assisted Living Facility.
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(If an eff Note:	ve date, if other than the date of filing:
If the recor record is fi	d 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 ed.
Dated	August 26, 2024.
	Signature of a phember or authorized representative of a member
	Lamar Adrian Ambersley

Typed or printed name of signee