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COVER LETTER

Division of Co	rporations					
Elite IV Hy	ydration Mobil LLC					
SUBJECT:						
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Jana Marta					
		Name of Person				
	Elite IV Hydration Mobil I	LC				
	Firm/Company					
	6120 53rd Ave E					
	Address					
	Bradenton, Florida 34203					
	City/State and Zip Code eliteivhydration.mobil@gmail.com					
	E-mail address: (to be used for future annual report notif	ication)			
For further information of	concerning this matter, please ca	all:				
Jana Marra		941 376-3233				
		at ()				
Name o	of Person	Area Code Daytime	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)			

TO:

Registration Section

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 IV Hydration Mobil LLC			
(Name of the Limit	ted Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited L. Florida document number	iability Company	were filed on	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of Elite IV Hydration Mobile LLC	f the limited liabi	lity company here:	
			
The new name must be distinguishable and contain the w	ords "Limited Liabili		
Enter new principal offices address, if applicable:		6120 53rd Ave e, Bradenton FL, 3420	0.3
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>ΒΟΧ)</u>		
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office a ss here:	ddress on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:	Јапа Матта		
New Registered Office Address:	6120 53rd Ave E		- C
		Enter Florida street address	- TI
	Bradenton	, Florida	34203
		City	Zip Cotle
New Registered Agent's Signature, if changing F	Registered Agent:		$\frac{2}{3}$ ω

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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Rепюче
			□Change
			
			□Rепюче
			□Change
			□Add
		-	□Remove
			□ Change
			□ Add
			□Remove
			□Change

A	so correcting the name of the business. The Mobil should be Mobile.
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.•	02/01/2022
effec	e date, if other than the date of filing:(optional) tive 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
<u>e:</u> 11	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
umei	nt's effective date on the Department of State's records.
_	
cord file	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
0. _d _	1/17/2021
-u _	· · · · · · · · · · · · · · · · · · ·
	Jana Suassa
	Signature of a member or authorized representative of a member