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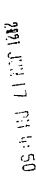
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## **COVER LETTER**

TO: Registration So Division of Cor		÷	
SUBJECT:	lite 6/ smar	Mectup LLC	
	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:	
	Melis	Sz Can (Me)	
	Elite	Name of Person Mcculp  Colomor LLC  Firm/Company	
	2170	Wilten Drive Apt 3	چ(ا <i>ل</i> و
	For1 1	-wdwdde, FL 37305 City/State and Zip Code	
	T RI PL E-mail address: (	to be used for future annual report notification)	
For further information of	concerning this matter, please ca	all:	
Melissa Name o	of Person (Me)	at (217) 321 - 5899  Area Code Daytime Telephone Number	_
Enclosed is a check for t	he following amount:		
X \$25.00 Filing Fee .	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing F Certified Copy Certificate of S (additional copy is enclosed) Certified Copy (additional copy is	Status &
Mailing Address		Street Address:	
Registration : Division of C		Registration Section Division of Corporations	
P.O. Box 632	<del>-</del>	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Elite Glamar 1	Neetup LLC
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 21505234214</u>	were filed on May 19, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	13270 SE Flamingo Dr. Hobe Sand, Florida 377455
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13770 SE Florido Dr. Hobe Sand, Florido = 37455
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	Caregory HAR Hay SE Flamingo De
New Registered Office Address: 13170	SE Hamingo De Enter Florida street address
4 cbe	Sound Florida 37455  City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	· <u>-</u>

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: NA MGR = Manager AMBR = Authorized Member Type of Action **Address Title** Name \_\_\_\_\_ Change \_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_ □ Add \_\_\_\_\_ □Change

\_\_\_\_\_\_ □Remove

\_\_\_\_\_ Change

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effective date is listed, the date must be specific and cannot be prior to date of filing or e: If the date inserted in this block does not meet the applicable statutory fil		
ument's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m	n, on the earlier of: (b) The 90	Oth day after the
filed.	,	•
7/30 2021		
2021		
Signature of a member or althorized representati	ive of a member	

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Filing Fee: \$25.00