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2022 JUN -2 AM II: 45 SECRE LANGE UP SINTE TALL AHASSES FL

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Ellite 2 Trip	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Andrani	C Drumword Res	Pd
		Firm/Company	
	3300 Stadius	M Drive Apt 20 Address) <u> </u>
	Phenix (City/State and Zip Code	
		2 Trip, com o be used for future annual report notif	
For further information c	oncerning this matter, please ca	att:	
Anckanik Do	MMOND Beid	at (<u>202</u>) <u>262</u> Area Code Daytime	4-Ku S e Telephone Number
Enclosed is a check for the	ne 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

FILED

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street a	uddress
		_, Florida
	City	Zin 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.

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	Hailey Bailey	9711 Washingtonian boul Suite 550 Gentherburg MD 20678	evard Bladd
		- Children being 1 1D 20018	□Remove
			□Change
			□Add
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			□Remove

Changa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) be have MD 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 05/29/2022 Signature of a member or authorized representative of a member Andranik ! Yummond-

Typed or printed name of signee