(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	usiness Entity Name)	
(0	admedd Entry Hame,	
	Ocument Number)	
(C	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
		l
<u> </u>		

Office Use Only



300369558103

07/27/21--01002--008 **25.00

RECEIVED



JUL . 1821

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJECT:	Sild z Elite Limit Name of Limit	ted Liability Control	mpany
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	oundence concerning this matter	to the following:	
	Christine	Cardner Name of Person	
	···	Firm/Company	
	<u>25104 F</u>	Juston St Address	
	Brooks W. Sudzelite	City/State and Zip Code 3.4	601 zelite@amail.cem ith company
For further information	concerning this matter, please co		,
Christine Name	Cardner		-9458 ne Telephone Number
Enclosed is a check for	the 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 Division of P.O. Box 63	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Comp (A Florida Limited	mited Liability Company d Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document numbe: $\underline{L210003229}$	ny were filed on $0.115.21$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new register	<u>ed</u>
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street address	
	, Florida	

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

10

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Dakota Wess	asia4 Huston Street	□Add
		Broksink F1 34601	X Remove
			□Change
MGR	Christine Gardner	asioy Huston Street	NAdd
		Brooksville Fl 34601	□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
		-	
			□Add
			□Remove
			□Change

								_
							····	
								_
<u></u> .								
								_
							· · · · · · · · · · · · · · · · · · ·	
	 							
							- 	_
						_		
	<u> </u>							
						-		
	 		-					_
								_
an effective Tote: If the	date is listed, the date inserted i		tic and cannot not meet the	applicable sta			nal) filing.) Pursuant to (date will not be l	
record spe l is filed.	cifies a defayed	l effective date, b	ut not an effe	ective time, at	12:01 a.m. on the	e earlier of: (b)	The 90th day a	fter the
ated	Juli	y 2) USTURE Signature	<u>a</u>	021				
	MI	J	1	nulh	2 1			
_	<i>C&b</i>	WOULL	<u> </u>	1/01/4	<u> </u>	mambar		

Filing Fee: \$25.00