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COVER LETTER

	egistration Sec Pivision of Corp		
SUBJECT		nation Distribution, LLC	
SOMEC		Name of Limited Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are submitted for filing.	
Please retu	um all correspoi	ndence concerning this matter to the following:	
		Paul Whitwam	
		Name of Person	
		Elite Automation Distribution, LLC	
		Firm/Company	
		4162 N Jodhpur Ct	
-		Address	
		Oviedo, FL	
		City/State and Zip Code	
		paul@eliteautomationgroup.com	
		E-mail address: (to be used for future annual report notification)	
For further	information co	oncerning this matter, please call:	
Paul White	wam	407 383-0875 at ()	
	Name of	Person Area Code Daytime Telephone Number	
Enclosed is	s a check for the	e following amount:	
□ \$ 25.00	Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite Automation Distribution, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000330723	were filed on 07/21/2021	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 Liabil	ity Company," the designation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name	e of the new registere
Name of New Registered Agent:		
New Registered Office Address:		202
	Enter Florida street address	00
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre		3 1 3
provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am fa rovided for in Chapter 605 FS Or i	miliarwith and f this document is

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
MGR	Tyler Seijo	3000 Rogan Rd	= Add
·		Orlando, FL 32812-5834	
			Change
			□Add
			□ Remove
			□Change
			DAdd
			□ Remove
			□Change
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ective date, if other than	the date of filin	ıa.			•.	
n effective date is listed, the dat te: If the date inserted in the nument's effective date on t	e must be specific and nis block does not a	d cannot be prior to meet the applicab	date of filing or mile statutory filin	om than 90 days after	onal) r filing.) Pursuant to 60 s date will not be lis	5.0207 ted as
amone s effective date off t	ne Department of 3	State's records.				
cord specifies a delayed eff	ective date, but no	t an effective tim	e, at 12:01 a.m.	on the earlier of: (h) The 90th day aft	er tha
s filed.			,	(2	y me your day and	er the
October 27		2021				
		, 2021	. •			
October 27		, <u>2021</u> North				
October 27	Signature of a	, 2021 And the member or authorize	zed representative	of a member		