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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: One Eliteles Name of Man	15+1C5 LLC mited Liability Company	
The enclosed Articles of Amendment and fee(s) are sub- Please return all correspondence concerning this matter		
TIFFCINY	Prill Name of Person	
ONCEME	Firm/Company	
2374 Gr	COCIDECT St. Address	
	City/State and Zip Code	
E-mail address:	(to be used for future annual report notification)	ccm
TIFCOU Prid Jame of Person	at (941) 676-9797 Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:		
S25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & Certified Copy Certificate of S (additional copy is enclosed) Certified Copy (additional copy is	Status &
Mailing Address: Registration Section	Street Address: Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

_ One EliteLagistics	LLC
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	opears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L 210004130</u> 18	n 9.17.21 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
The new name must be distinguishable and contain the words "Limited Liability 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)	_
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	, 100
	;;···
B. If amending the registered agent and/or registered office address on o	ur records, enter the name of the new register
agent and/or the new registered office address here:	크
Name of New Registered Agent:	
New Registered Office Address:	
	r Florida street address
	. Florida
	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
MGR	TIFfany Prill	2374 Grandeer St.	X Add
	J	Port Charlatte, FL	□Remove
		33948	□Change
<u>AMB</u> B	Brandi Watkins	1168 Harber blvd	□Add
		Port Charlotte, FL	□Remove
		3395Z	XChange
		Change	from magr Add to AMBR
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: docum	we date, if other than the date of filing:
e recor rd is fi	September 39. ZOZI. Typed or printed name of signee.
Dated	September 39. 2021.
	Figurature of a member or authorized representative of a member
	Tifforu Priil