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COVER LETTER

TO: Registration S Division of Co.			
ELITE GR	OUP REALTY GAINESVILL	E LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ELIZABETH ORTEGA		
		Name of Person	
	ELITE GROUP REALTY	GAINESVILLE LLC	
		Firm/Company	
	10520 W 14TH LN		
		Address	
	GAINESVILLE FL 32606	,	
		City/State and Zip Code	
	ELIZABETHAORTEGAT		
		to be used for future annual report not	(fication)
For further information c	concerning this matter, please c	all:	
ELIZABETH ORTEGA		352 327-5366	
Name c	of Person	at ()	ne Telephone Number
inclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	
P.O. Box 632	.7	The Centre of T	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE GROUP REALTY GAINESVILLE LLC

(Name of the Limited Liability Company as it now appears on our records.)

	(A Florida Limited	Liability (Company)	
The Articles of Organization for this Limited I		y were filed on	and assigned
Florida document number L21000417486	·		
This amendment is submitted to amend the fol			
A. If amending name, enter the new name of	of the limited lial	pility company here:	
ELIZABETH ORTEGA LLC		<u> </u>	
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or the abb	reviation "L.L. C."
Enter new principal offices address, if appli	cable:	SAME	
(Principal office address MUST BE A STREE			
	_		
Enter new mailing address, if applicable:		SAME	
(Mailing address MAY BE A POST OFFICE	· ROV)		
Comming united State of the English	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addressed agent. Name of New Registered Agent:	registered office ess here:	address on our records, <u>enter the name</u>	202
New Registered Office Address:			
		Enter Florida street address	-
		, Florida	0 = 1
New Registered Agent's Signature, if changing	Registered Agent:	· i	4 :015 10: 14
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	ver and complete istered agent as _l registered office	ee to act in ous capacity, 1 juriner agre performance of my duties, and I am fav provided for in Chapter 605, F.S. Or, if	e to compty with the miliar with and This document is

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:

MGR =	Manager	
AMBR =	Authorized	Member

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			
			□Remove
			[]Change
			□Add
			Remove
		-	□Change
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			□Remove
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if an eifd <u>Note:</u>	ve date, if other than the date of filing: (optional) etive 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 lif the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	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
recore d is file	ed.
rd is file	$\frac{1/31/22}{}$
rd is file	1/11/22 Olizabetti Oelja
e record rd is file Dated _	21/21/22 Alizabeth Oelja Signature of a member or authorized representative of a member ELIZABETH ORTEGA ELIZABETH ORTEGA Typed or prioted page of suppose

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Filing Fee: \$25.00