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T. **MATTHEWS**JAN 27 2022

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Elite Coepital group Name of Limited Last	1 1000 LLC
The enclosed Articles of Amendment and fee(s) are submitted	or tiling.
Please return all correspondence concerning this matter to the f	ollowing:
	Cack 111
Elete Capi	tal Group 1000 LLC
20500 Pine 7	Nel /N, Address
	33928 State and Zip Code
donny a lite E-mail address: to be us	ed for future annual report notification)
For further information concerning this matter, please call:	
DONALD F BLOCK III Name of Person	at (<u>239</u>) <u>300 - 3180</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy Certificate of Status & 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
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite Copital aroup 1000 LCQ2 311.21 PH 2: 19
(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 Liability Company Florida document number <u>L2100047559.0</u>	were filed on	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 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)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
•	, Fl	orida
	City	Zip 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	aleksandra D. Black	20500 Pine thee In	🕏 Add
		Estero FZ 33928	□ Remove
			□Change
			□Add
			□Remove
			□Remove
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Note:	ve date, if other than the date of filing:
e recor rd is fi	d 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 ed.
Dated	1/17/22
	Dinel F. Blackst
	Signature of a member or authorized representative of a member