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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	<u> </u>
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Certified Copies	Certificates of	of Status
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Special Instructions to	Filing Officer:	

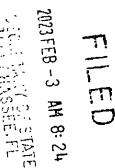
Office Use Only



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COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Amanda Johnson		
		Name of Person	
	REAL ESTATE WHOLE	SALE AND DESIGN, LLC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	6937 Cricket Dr		
		Address	· · · ·
	Lakeland, FL 33813		
		City/State and Zip Code	
	alocke265@gmail.com		
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	oncerning this matter, please c	all;	
Amanda Johnson		813 360-7602	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Madien Addin		Co 6.14	

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

REAL ESTATE WHOLE SALE AND DESIGN, I	.LC	
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our reco ed Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comparing the International Leading Leading Comparing Leading to the International Comparing Compari	any were filed on 11/08/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The Johnson Elite Group, LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		2073 FEB
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		(20) E
		, (r) & 2
		- F
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our records, <u>ent</u> o	er the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add.	
	Enter r torida street add.	TEON
		Florida Zip Code
	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 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
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
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(If an effi Note:	ve date, if other than the date of filing:
ord is fil	January 30 2023
Dated	
	anature of a member or authorized representative of a member
	()

Filing Fee: \$25.00