

5/19/22, 1:06 PM

Division of Corporations

Florida Department of State
Division of Corporations
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L22000033725

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : USACORP INC.
Account Number : I20130000019
Phone : (718)362-4789
Fax Number : (718)408-2550

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jlowell@elitepolygraphsolutions.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ELITE POLYGRAPH SERVICES LLC**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

2022 MAY 19 PM 1:56

2022 MAY 19 AM 8:36

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APPROVED
AND
FILED

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE POLYGRAPH SERVICES 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 Liability Company were filed on 01/31/2022 and assigned Florida document number L22000033725.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company 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)

333 Las Olas Way, Apt 2207

Fort Lauderdale, FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

333 Las Olas Way, Apt 2207

Fort Lauderdale, FL 33301

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AND
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

333 Las Olas Way, Apt 2207

Enter Florida street address

Fort Lauderdale

City

, Florida 33301

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.

/s/ Lowell Jeffrey

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Lowell Jeffrey	333 Las Olas Way, Apt 2207	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33301	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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