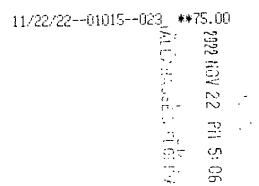
L22000037788

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Se Division of Cor			•
HIT SQUA	D ELITE LLC		
	Name of Lim	ited Liability Company	

The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Toni Daigle		
		Name of Person	
	DORCO Enterprises		
		Firm/Company	
	911 S 8th St., Unit B		
		Address	
	Fernandina Beach, FL 320	34	
		City/State and Zip Code	
	contact@dorcoent.com		
	E-mail address: (to be used for future annual report r	notification)
For further information of	concerning this matter, please c	all:	
MATTHEW RICKS		904 548-8540	
Name o	of Person	at () Area Code Day	time Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	-	C SSS OO Filing For B	□ ¢(0,00 E;ii; r
= 323.00 Fining 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)
Mailing Address:		Street Address	
Registration		Registration	
Division of C P.O. Box 632		Division of C	Corporations f Tallahassee

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

: HIT SQUAD ELITE LLC		
(Name of the Limited (A	Liability Company as it now appears on our record Florida Limited Liability Company)	0 , ,
The Articles of Organization for this Limited Liab	ility Company were filed on 01/07/2022	and assigned
Florida document number L22000037788	'	200
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	4DDRESS)	
Enter new mailing address, if applicable:		 -
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or regi		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	\$5
-		lorida
	City	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

Title	<u>Name</u>	Address	Type of Action
MBR	MELISSA RICKS	65121 Lagoon Forest Dr	■ Add
		Yulce, FL 32097	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
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			□Remove
			□Change

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·	change(s) here:	change(s) here: (Attach additional	r change(s) here: (Attach additional sheets, if nece