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OIVISION OF CORPORATIONS
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T. MATTHEWS JUN 15 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited Limitity Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Blake Campbell Name of Person	
Elite Arbus LLC	
1850 NW 544~ Nue	
City/State and Zip Code  Compbel 28 C gmail. Com  E-mail address: (to be used for fulfure annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Blake Campbell at (443) 278-41319 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee.	

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

ARTICLES OF ORGANIZATION

OF

OF

DIVISION-OF CORPORATIONS

(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 Art., 2152 2072 and assigned Florida document number 22000 101642

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 "LLC"

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)

Repart FL 33063

B. If amending the registered agent and/or registered office address on our records enter the name of the new registered office address on our records enter the name of the new registered office address on our records enter the name of the new registered office address on our records enter the name of the new registered office address on our records enter the name of the new registered office address on our records enter the name of the new registered office address on our records enter the name of the new registered office address on our records enter the name of the new registered office address on our records enter the name of the new registered office address on our records enter the name of the new registered office address on our records enter the name of the new registered office address on our records enter the name of the new registered office address on our records enter the name of the new registered office address on our records enter the name of the new registered office address on our records enter the name of the new registered office address on our records and assigned and assign

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:

Melody Cuell

New Registered Office Address:

Enter Florida street address

MARSALE, Florida 33063

Zin Code

## icw Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany 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>	<u>Address</u>	Type of Action
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