## L22000146309

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	-	
	AUG 2	ORNE 7 2022

Office Use Only



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## **COVER LETTER**

TO:

Registration Section Division of Corporations

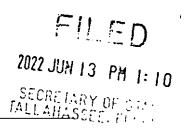
Tallahassee, FL 32314

ELITE DECISIONS DISPATCH SERVICES LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Kenneth w brown JR Name of Person ELITE DECISIONS DISPATCH SERVICES LLC Firm/Company PMB 1077 1000 brickell ave suite 715 Address Miami FL 33131 City/State and Zip Code ask@elitedecisionsdispatch.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kenneth brown 302-7841 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■ \$25.00** Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ELITE DECISIONS DISPATCH 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 L	iability Company v	vere filed on <u>03/25/202</u>	2 and assig	gned
Florida document number L22000146309	<del></del> '			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	of the limited liabil	ity company here:		
The new name must be distinguishable and contain the v	words "Limited Liabili	y Company," the designat	on "LLC" or the abbreviation "L.L.	.C."
Enter new principal offices address, if applic	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:			<del></del>	
(Mailing address MAY BE A POST OFFICE	BOX)			
				<u> </u>
B. If amending the registered agent and/or i	registered office a	ldress on our record	s, enter the name of the new	registered
agent and/or the new registered office addre			<u> </u>	
Name of New Registered Agent:				
New Registered Office Address:	PMB 1077 1000	brickell ave STE 715		
		Enter Florida stre	et address	
	Miami		Florida 33131 Zip Code	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the prop- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	per and complete p istered agent as p registered office o	performance of my di rovided for in Chapte	ities, and I am familiar with er 605, F.S. Or, if this docun	and nent is

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 = M	anager		
AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
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			□Change
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			□Remove

□ Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	tive date, if other than the date of filing:
the reco	rd 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 iled.
Dated	<u> </u>
	Signature of a member or authorized representative of a member
	Kuneth Typed or printed name of signee

Filing Fee: \$25.00