

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000394277 3)))



H230003942773ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ELITE PREMIUM INC

Account Number : I20220000167

Phone : (305)804-4428

Fax Number : (786)513-2828

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

Email Address: premiumadviser@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CORPOAGIS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

NOV 15 2023
T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORPOAGIS 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 07/22/2022 and assigned
Florida document number L22000325844.

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)

8311 SANDS POINT BLVD

UNIT R106

TAMARAC, FLORIDA 33321

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8311 SANDS POINT BLVD

UNIT R106

TAMARAC, FLORIDA 33321

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:

WILSON MUNOZ

New Registered Office Address:

8311 SANDS POINT BLVD UNIT R106

Enter Florida street address

MIAMI

City

Florida 33321

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 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>	<u>Type of Action</u>
AMBR	WILSON MUNOZ	8311 SANDS POINT BLVD, UNIT R106	<input type="checkbox"/> Add
		TAMARAC, FLORIDA 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FELIPE ESTRADA	8311 SANDS POINT BLVD, UNIT R106	<input type="checkbox"/> Add
		TAMARAC, FLORIDA 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SUSANA MACHADO	16919 NORTH BAY ROAD, #717	<input type="checkbox"/> Add
		SUNNY ISLES, FLORIDA 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ARTICLE II

8311 SANDS POINT BLVD

UNIT R106

TAMARAC, FLORIDA 33321

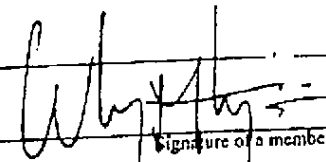
ARTICLE III

ANY AND ALL LAWFUL BUSINESS.

- E. Effective date, if other than the date of filing:** 10/26/2023 **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 10/26/2023

X 

Signature of a member or authorized representative of a member

WILSON MUNOZ

Typed or printed name of signer