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COVER LETTER

| The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Angela Shackelford Name of Person Elite Companions, LLC Firm/Company U340 Lake Plantation Club Dive Address Jacksonully, Fl. 32244 City/State and Zip Code Angela Shack 33 e gynaul.com For further information concerning this matter, please call: Angela Shackelford at (321) 3101 - 9999 Name of Person Enclosed is a check for the following amount: [PS25.00 Filing Fee Status Certificate of Status Certified Copy radditional copy is enclosed) S60.00 Filing Fee Certificate of Status Certified Copy radditional copy is enclosed) | | Registration Section ` Division of Corporations` |
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| Please return all correspondence concerning this matter to the following: Angela Shacktlford Name of Person Elite Companions, LLC Firm/Company U340 Lake Plantation Club Drive Address Jacksonulls, FL 32044 City/State and Zip Code Angela, Shack 33 e grown com For further information concerning this matter, please call: Angela Shacktlford at (321) 3tel - 9999 Area Code Daytime Telephone Number Enclosed is a check for the following amount: [5525.00 Filing Fee Status & Certified Copy (additional copy is enclosed) Certified of Status & Certified Copy Certified Copy (certified Copy (additional copy is enclosed)) | SUBJECT | · · · · · · · · · · · · · · · · · · · |
| Angela Shackelford Elite Companions, LLC Firm/Company U340 Lake Plantation Club Drive Address Jacksonville FL 32044 City/State and Zip Code Angela Shack 33 e Annoul Com 3:-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Angela Shack Elford at (321) 3101 - 9999 Area Code Daytime Telephone Number Enclosed is a check for the following amount: D525.00 Filing Fee Scriffied Copy (Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy | The enclos | sed Articles of Amendment and fee(s) are submitted for filing. |
| Elite Companions, LLC Firm/Company U340 Lake Plantation Club Drive Address Jacksonully, FL 32044 City/State and Zip Code Angela, Shack 33 @ growl.com Ternal address: (to be used for future annual report notification) For further information concerning this matter, please call: Angela Shack Elford at (321) 361 - 9999 Name of Person at (321) 361 - 9999 Name of Person at (321) 361 - 9999 Enclosed is a check for the following amount: Exception of Status & Certified Copy (Certificate of Status & Certified Copy (additional copy is enclosed)) | Please rett | urn all correspondence concerning this matter to the following: |
| Firm/Company U340 Lake Plantation Club Drive Address Jacksonully, FL 32244 City/State and Zip Code Angela, Shack 33 & Angela, Com Ge-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Angela Shack Elforca at (321) 3101 - 9999 Name of Person at (321) 3101 - 9999 Name of Person at (321) 3101 - 9999 Name of Person at (321) 3101 - 9999 Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy | | Angela Shacktlford Name of Person |
| Touksonully FL 32244 City/State and Zip Code Angela. Shark 33 @ gyrraul.com Hi-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Angela Shark (15 for cl. at (321) 3101 - 9999 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: [2525.00 Filling Fee \$30.00 Filling Fee & Certificate of Status (Certified Copy (additional copy is enclosed)) Certificate of Status & Certified Copy (Certified Copy (C | | Elite Companions, LLC |
| Angela. Shark 33 @ Angul. Com Germal address: (to be used for future annual report notification) For further information concerning this matter, please call: Angela Shark 150rcl at (321) 3101 - 9999 Name of Person at (321) 3101 - 9999 Area Code Daytime Telephone Number Enclosed is a check for the following amount: Status 60.00 Filing Fee, Certificate of Status 60.00 Certificate of Status 80.00 Certified Copy (additional copy is enclosed) | | |
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| Mailing Address: Registration Section Street Address: Registration Section | | |
| Division of Corporations P.O. Box 6327 The Centre of Tallahassee | E E | Division of Corporations Division of Corporations |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Elite Compa | $\frac{1}{2}$ | LLC | anneart on our | records) | 29 |
|--|-----------------|-----------------|-------------------------------|---------------------------------------|---|
| (Name of the Limited (A | Florida Limite | d Liability Com | pany) | records) | ii sha |
| The Articles of Organization for this Limited Liah | | ny were filed | on Feb 8 | ,2023 | and assigned |
| Florida document number <u>L230600701</u> | 744 | | | | |
| This amendment is submitted to amend the follow | ring: | | | | |
| A. If amending name, enter the new name of t | he limited li | ability compa | inv here: | | |
| | | | | | |
| The new name must be distinguishable and contain the wor | ds "Limited Lia | bility Company. | " the designation | "LLC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if applicab | le: | 1034 | 0 Lak | e Planto | ction Club Dr |
| (Principal office address MUST BE A STREET | ADDRESS) | Jack | Sonville | , F1 322 | 44 |
| | | | | | |
| Enter new mailing address, if applicable: | | | • | | on Club Dr |
| (Mailing address MAY BE A POST OFFICE BO | <u>2X)</u> | Jack | sonville | JEL 322 | 14 |
| | | | | ······ | |
| B. If amending the registered agent and/or reg agent and/or the new registered office address | | e address on | our records, | enter the name o | f the new registered |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | 10340 | | Planta- ier Florida street | · · · · · · · · · · · · · · · · · · · | Drive |
| | Jackso | noile | | _, Florida <u> </u> | 1244 |
| | | City | | | 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 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> | Address | Type of Action |
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| n effecti <u>ite:</u> If | date, if other than the date of filing: |
| cord s s filed | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t |
| ted | June 29 . 2023. |
| | June 29 . 2023. Ungola D. Share Kolfand Signature of a member or authorized representative of a member |
| | Angela D. Sharkelford Typed or printed name of signee |