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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: A & E Property Management Group LLC
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:

Firm/Company

3719 Meadow Green Drive

Address

Tavares, Florida 32778

City/State and Zip Code

elizabethanliyanparcloud.com

E-mail address: (to be used for luture annual report notification)

E-mail address: (to be used for luture annual report notification)

For further information concerning this matter, please call:

ElizaBETH PATTERSON	at (407)	557-6705	
Name of Person	Area Code	Daytime Telephone Number	

Enclosed is a check for the following amount:

½ \$25.00 Filing 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:

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 ARTICLES OF ORGANIZATION **OF**

A # E PROPERTY MANAGEMENT GROUP 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 Florida document number <u>L230000 73665</u> .	were filed on 2 109 2023 and assigned					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability company here:						
Elite Equity Holdings LUC The new name must be distinguishable and contain the words "Limited Liabile	ity 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)	75 2					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ddress on our records, enter the name of the new registered					
	Enter Florida street address					
	Florida					
Name In the case of the case o	City Zip Code					
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, and I am familiar with and royided for in Chapter 605, F.S. Or, if this document is					

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>	Address	Type of Action
MGR	Proctor, Aiseka	255 S Orange Ave STE 1699 Orlando, Florida 3280	
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Typed or printed name of signee