L23000180636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS

AUG 12 2023

600410027206

06/12/23--01012--007 **25.00

FILED
2023 JUN 12 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Inc Authority

TO: PHYSICAL: Dept. of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING: Dept. of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

FROM: Inc Authority, LLC
1450 Vassar St
Reno NV 89502
(800) 638-2320
(775) 329-0852

DATE: Monday, June 05, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

- Articles of Amendment
  For: TWITTER INSURANCE SERVICES, LLC

We have included payment in the amount of $25.00 for the following fees:

- Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department
1450 Vassar St
Reno NV 89502

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IWITER INSURANCE SERVICES, 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:

Corporate Maintenance Lead
Name of Person

Processing Department
Firm/Company

1450 Vassar St
Address

Reno, NV 89502
City/State and Zip Code

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

For further information concerning this matter, please call:

Processing Department at (800) 638-2320
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TWITTER INSURANCE SERVICES LLC

Name of the Limited Liability Company as it now appears on our records

The Articles of Organization for this Limited Liability Company were filed on 04/12/23 and assigned Florida document number L23000180636

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ELITE GROUP INSURANCE SERVICES, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

New Registered Office Address

Enter Florida street address

. Florida

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 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

Title	Name	Address	Type of Action
MGR	Jacqueline Smith	15843 Southwest 14Th Court	☑ Add
		Pembroke Pines, FL 33027	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

E. **Effective date, if other than the date of filing:** N/A **(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 June 05, 2023

Signature of a member or authorized representative of a member

Natoya Manning

Typed or printed name of signee

Filing Fee: $25.00