

# L23000206614

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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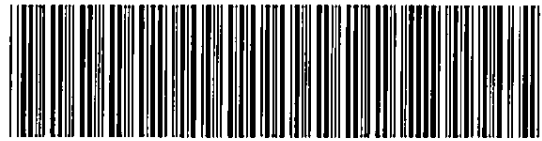
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ELite Facilities Solutions 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:

Chandadreo Mohan  
Name of Person  
ELite Facilities Solutions LLC  
Firm/Company  
1-Ocean AVE EXT  
Address  
ISLIP, NY 11751  
City/State and Zip Code  
MOHAN@TRISTATEFILTER.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Arizmendi at (551) 482-2090  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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OFFICE  
TALLAHASSEE, FL

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ELITE FACILITIES SOLUTIONS 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 4-26-2023 and assigned Florida document number L23000206614.

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)

**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:

Sheena Jennings

New Registered Office Address:

3312 Chapel Creek Circle

Enter Florida street address

Wesley chapel

City

Florida

33544

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.

Sheena Jennings

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>
<u>MGR</u>	<u>Alex Arizmendi</u>	<u>876a CASTLES Port Place</u>	<input type="checkbox"/> Add
		<u>TAMPA FL 3369</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Chandradeo Mohan</u>	<u>1-Ocean Ave EXT</u>	<input checked="" type="checkbox"/> Add
		<u>ISLIP NY 11751</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Sheena Jennings</u>	<u>3312 Chapel Creek Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Westley Chapel, FL 33544</u>	<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

ST. CLAY COUNTY, FL  
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CLERK OF COURT

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**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.

Dated \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member

Typed or printed name of signee