L23000222645

(Red	questor's Name)
(Add	dress)
(Add	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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COVER LETTER

TO:	Registration Sc Division of Cor				
SUBJ	ect: <u>ELITE P</u>	RO HUB. LLC			
		Name of Lim	ited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Corpor	ate Maintenance Le	ad	
			Name of Person		
		Proc	essing Department		~->
			Firm Company		19 19
			1450 Vassar St		•
		-	Address		ري ري
			Reno, NV 89502		· · ·
			City State and Zip Code		
		E-mail address: (to be used for future annual report notit	ication)	
For fu	rther information c	oncerning this matter, please c	all:		
	Process	ing Department	at (800) 638-2320		
		of Person		: Telephone Number	
Enclos	sed is a check for t	he following amount:			
	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce	n ations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE PRO HUB, 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 05/05/23 and assigned Florida document number <u>L</u>23000222645 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 "L.L.C" 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

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

_. Florida ___

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>	Type of Action
MGR	Jaykishan Grover	4367 Foxtail Ln	
		Weston, FL 33331	Remove
			Change
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ctive date, if other than the date of filing: N/A	(optional)
rrective date is listed, the date must be specific and cannot be pri	or to date of filing or more than 90 days after filing.) Pursuant to 605.0 licable statutory filing requirements, this date will not be listed
ment's effective date on the Department of State's record	
ecord specifies a delayed effective date, but r se 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier
d	3
Joykin Gran Signature of a member or au	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJI	ect: <u>Elite Pi</u>	RO HUB. LLC			
		Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Corpor	ate Maintenance Le	ad	
			Name of Person	20	
		Proc	essing Department	623 623 63 63 63	
			Firm Company		
		1	450 Vassar St	 	
			Address		
			Reno, NV 89502		
			City State and Zip Code		
		E-mail address: (to be used for future annual report notif	ication)	
For tu	ther information c	oncerning this matter, please c	all:		
	Process	ing Department	at (800) 638-2320		
		f Person		: Telephone Number	
Enclos	ed is a check for the	ne following amount:			
☑ \$2	5.00 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)	
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec. FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n ations	

Tallahassee, FL 32301

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

ELITE PRO HUB. LLC

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

Florida document number L23000222645 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 "LEC" or the abbreviation	
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The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LEC" or the abbreviation	
33	"L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
•	3
	
· -	. <u>.</u>
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 nan registered agent and/or the new registered office address here:	re of the ne
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	de
New Registered Agent's Signature if changing Registered Agent	

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If Changing Registered Agent, Signature of New Registered Agent

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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jaykishan Grover	4367 Foxtail Ln	
		Weston, FL 33331	✓ Remove
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effective date e: If the date iment's effec	if other than the date of is listed, the date must be specified in this block doctive date on the Department of the specifies and allowed of the specifies and al	eerne and cannot be prior to bes not meet the applicab- nent of State's records.	de statutory filing require	ments, this date will no	ot be listed
	cifies a delayed effe ay after the record is		an effective time, at	. 12:U1 a.m. on th	e earlier
ed	05/23	2023	-·		
	Lorkin	In Sour			
		we bla member or authori	zed representative of a men	her	

Page 3 of 3

Filing Fee: \$25.00