## - La30002434210

(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.
J. HÓRN <b>E</b>
-
JUL - 6 2023

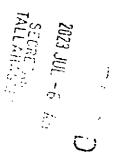
Office Use Only



800409884978

97/06/23--01014--002 \*\*30.00

RECEIVED



## **COVER LETTER**

Division of Corporations	
TORK County Elite Stays	
. , ,	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
RaShawn Powell	
Polk County Elite Strys	
470 Citi Centre St. #1068	
Winter Haven, FL 33880	
PCESZ@Polk Wunty Elite Stays.com E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Speneka Powell at 863, 385-9987 Name of Person Area Code Daytime Telephone Number	_
inclosed is a check for the following amount:	
□ \$25.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee &	Status & y
Mailing Address:  Designation of the second	

Registration Section
Division of Corporations
P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

, figureization for this Limited Earlity Company were filed on  $\square$ nent number (23000:24) adment is submitted to amend the following: amending name, enter the new name of the limited liability company here: ie new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 BOX1 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered igent and/or the new registered office address here: Name of New Registered Agent. New Registered Office Address: Enter Florida street address lew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany 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 = AMBR =	Manager Authorized Member		
Tilled MGR	RaShawn Powell	Address 470 Citi Centre St. #1010 Winter Haven, FL 338	Type of Action
		Winter Haven, FL 338	80 □Remove
			□Add
			□Remove
			□Change
		-	🗀 Add
			□Change
<del></del>			🗆 Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

,	<u> </u>
,	
•	
an et ote:	ive date, if other than the date of filing:  (optional)  fective 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 605.026. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
recor Lis fi	d 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 led.
ated	July 6 2023. She Jah
	Signature of a member or authorized representative of a member
	Shemeka Powell

Filing Fee: \$25.00