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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((1124000175948 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

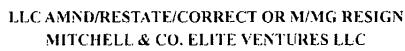
From:

Account Name : ZENBUSINESS INC. Account Number : 120230000190

Phone : (844)449-3624 fax Number : (512)597-0678

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Corporate Filing Menu K. SALY Help

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COVER LETTER

H24000175948 3

TO: Registration Sec Division of Corp			
	Co. Elite Ventures LLC		
SUBJECT:	Name of Lin	hed Liability Company	7.7 1. 7.57 1. 7.57
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Allison Monzon		
		Name of Person	
	ZenBusiness INC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	336 E. College Ave Suite	301	
		Address	
	Tallahassee, FL 32301		
		City/State and Zip Code	
	fulfillment@zenbusiness.co	om to be used for future annual report notif	(estion)
For further information co	oncerning this matter, please c		(Carver)
c/o ZenBusiness INC		844 493-6249	
Name of	Person	at ()	: Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Fiting Fee & Certified Cupy (additional empy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>MailingAddress</u>		StreetAddress:	
Registration S Division of Co		Registration Sec Division of Corp	
P.O. Box 632	7	The Centre of T	allahassee
Tallahacean F	1 17314	2415 N. Mooroe	Street Suite 810

Tallahassee, FL 32303

To:

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

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ARTICLES OF C		ION	2 A
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			Con the C
Mitchell & Co. Elite Ventures LLC (Same of the Limited Liability Comm.)	un as it non appears	on our records)	<u>変</u> る 1
(Name of the Limited Liability Comm (A Florida Limited	Liability Company)	JOH VAL ISCORDA	
The Articles of Organization for this Limited Liability Company	verse filed on 202	3-06-01	and assigned
Torida document number L23000267274	were med un	+'	
ionea document number			5
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited ligh	oility company her	e:	
			
he new mutte must be distinguishable and contain the words "Limited Linbi	ility Company," the de	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		Rd S 1005 Jacksonville,	
•	***************************************	***************************************	
Principal office address MUST BE A STREET ADDRESS			
	3709 San Pablo I	Rd S 1005 Jacksonville, I	FL 32224
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 re	cords, enter the name	of the new registered
ngent and/or the new registered office address here:		THE STATE OF THE S	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Village Address.	Enter Flori	la street address	
		, Florida	
	City		Zip Code
iew Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
hereby accept the appointment as registered agent and agr rovisions of all statutes relative to the proper and complete ecept the obligations of my position as registered agent as eing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	e performance of r provided for in C	ny duties, and Lam fa hapter 605, F.S. Or, j	miliar with and f this document is
1f Cha	nging Registered Age	nt, Signature of New Regi	stered Agent

Page.	4	of	5
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2024-05-16 12:25:51 UTC+14

18506176383

From: ZenBusiness User

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

To:

<u>Title</u>	<u>Nume</u>	Address	Type of Action
AMBR	Mitchell Reise	3709 San Pahlo RD S Apt 1005	docksonville, FL 32224 □ Add
			□Remove
			■ Change
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			DRIBANII 22
			□ Remove
		***************************************	Change
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			□Remove
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			□Change

To:

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Note: If the date inserted in this t	ist be specific and cannot be prior to date of filing of	(optional) or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Tling requirements, this date will not be listed as the
the record specifies a delayed effecti cord is filed	ve date, but not an effective time, at 12:01 a.	m on the earlier of: (h) The 90th day after the
(15/15	2024	
Dated		