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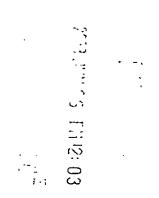
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SUBJECT	Elite All Ar	in the second se			
SUBJECT	Name of Limited Liability Company				
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		Amendment and fee(s) are sub	•		
Please reti	ırn all correspo	ndence concerning this matter	to the following:		
		Ryan Eaton			
Name of Person					
Firm/Company			TO THE REST OF STREET	aa , ¶, <u>a</u> .	
		766 courtland ave s			
			Address		
		allaroundservices20023@gr			
For further	information c	e-mail address: (oncerning this matter, please c	to be used for future annual report not all:	nication)	
Ryan Eato	า		239 204 8168		
	Name of	Person		ne Telephone Number	
Enclosed i	s a check for th	e 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)	
	مرود ادرم			4.3.75 -	·
	Lailing Addres:		Street Address:		
Registration Section			Registration Se		
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	.O. Box 632		The Centre of T		1 (A) 2 (A) 3 (A) 4 (A)
T	allahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810	17

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite All Around Services 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 ^{06/21/2023} and assigned Florida document number 1.23000269373 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: New Registered Office Address: Enter Florida street address , Florida _ City 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
title MGR	Eaton Jasmine E	766 Courtland Ave South Lehigh Acres tl 33974	□Add
			Remove
		···	□Change
title MGR	Jasmine Kinsey E	766 Courtland Ave South Lehigh Acres FL 33974	= Add
			□Remove
			□Change
MGR	Ryan Eaton M	766 Courtland Ave South Lehigh Acres FL 33974	Add
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