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(Re	equestor's Name)	
(Ac	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Registration Section

Division of Corporations

TO:

	Ioldings LLC		
SUBJECT:	Name of Lin	ited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspondence	ondence concerning this matter	to the following:	
	Herardo Borrego		
		Name of Person	
	Elitecorp Holdings LLC		
		Firm/Company	
	1705 S Kirkman rd apt #4	15	
		Address	~7
	Orlando, Florida 32811		
		City/State and Zip Code	
	herardoborrego@gmail.con	1	1
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Herardo Borrego		224 8042522 at()	53 U1
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Division of CP.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Seduction of Coron The Centre of Top 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned
and assigned
in "L.L.C" or the abbreviation "L.L.C."
<u> </u>
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(s)
,
enter the name of the new regist
t address
, Florida
Zip Code

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>	Name	<u>Address</u>	Type of Action
MGR	Herardo, Borrego	1705 S Kirkman Rd apt 415 Orlando, FL 32811	□Add
			= Remove
			□ Change
MGR	Borrego, Herardo	1705 S Kirkman Rd apt 415 Orlando, FL 32811	= Add
			□Remove
			□Change
			ÇAdd
			Remove
			-¹: □Change :
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			□Change

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an eff lote:	ive date, if other than the date of filing:
	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
recor Lis fi	
l is fi	July 29th 2023
l is fi	July 29th 2023
recor d is fi Dated	July 29th 2023
l is fi	July 29th 2023 Signature of a member or authorized representative of a member