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Office Use Only



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A. PARISHANI

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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Sec Division of Corp	ction porations	* * * * * * * * * * * * * * * * * * * *		٦*
SUBJE	ECT: Elie A	CCCS Westwert Name of Lim	75		
	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company		
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The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.		2023 AUG 29 PH 2: 3
Please	return all correspor	ndence concerning this matter	to the following:		3 29
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		Mo	Name of Person		?:
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For fur	ther information co	incerning this matter, please ca		,	
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	Mailar	ia Zilec	at (974) Area Code Daytin	0395	_
	Name of	Person	Area Code Daytii	ne Telephone Number	
Enclose	ed is a check for the	e following amount:			
™ \$2:	5.00 Filing Fee	S30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing F	ec.
	-	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of S Certified Copy (additional copy is	Status &
	Mailing Address		Street Address:		
	Registration S		Registration Se		
	Division of Co	эгроганопs	Division of Co	rporations	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 AUS 29

Elite Access Invorments Limited liability (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 and assigned Florida document number (This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Access Enterprise L.L.C. The 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 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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed from t	ur records:		
•			
MGR = Manager	r		
AMBR = Authori:	zed Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date of filing: i effective date is listed, the date must be specific and cannot be prior to	a date of filing or more than 90 day	optional) safter tiling) Pursuant to 605 020
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rument's effective date on the Department of State's records.			
cord specifies a delayed effective date, but not an effective times filed.	ne, at 12:01 a.m. on the earlier	of: (b) Th	e 90th day after the
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Signature of a member or author	ized representative of a member		