L23 000 404 828

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/21p/Pflone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(
(December 1)
(Document Number)
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COVER LETTER

Elite Ame	erican Care and Security Team	LLC						
	Name of Lim	ited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please return all correspo	endence concerning this matter	to the following:						
	John C. Verdera							
		Name of Person	 -					
	Elite American Care and S	ecurity Team LLC						
	Firm/Company							
	8731 NW 141st Ter.							
	Address							
	Miami Lakes, FL 33018							
	City/State and Zip Code							
	johncverdera@gmail.com							
	E-mail address: (to be used for future annual report no	tification)					
For further information c	oncerning this matter, please ca	all:						
John C. Verdera		954 405 - 4936 at ()						
Name of Person		Area Code Daytii	ne Telephone Number					
Enclosed is a check for the	ne following amount:							
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE AMERICAN CARE AND SECURITY TEAM 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 August 29, 2023 and assigned Florida document number L23 000 UH82\$ 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

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.

Cin

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>	Address	Type of Action
MGR	Liliana Verdera	8731 NW 141st Ter	□Add
		Miami Lakes, FL 33018	≣Remove
			□ Change
			Remove
			□Change
			DAdd
		 	□Remove
			□Change
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reffective da te: If the a	ite is listed, the	date must be spon this block do	ecific and c	annot be pr	or to date of licable state	filing or mor	e than 90 da	ys after fil	ing.) Pursuar	nt to 605.020 be listed as
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	īes a delayed	effective date,	but not a	n effective	time, at 12	:01 a.m. or	the earlie	r of: (b)	The 90th d	lay after the
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Filing Fee: \$25.00