L23000414247

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☐ PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions to F	iling Officer:
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Office Use Only



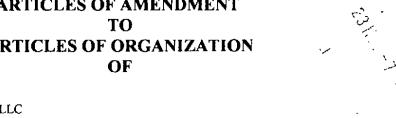
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COVER LETTER

TO: Registration So Division of Con		•
ELITE HO	ME CREATIONS LLC	
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	KEVIN LAWRENCE HA	MMERS
		Name of Person
	ELITE HOME CREATIO	ONS LLC
	-	Firm/Company
	2111 VINSON AVE	
		Address
	SARASOTA, FL 34232	
		City/State and Zip Code
	ELITEHOMECREATORS E-mail address:	@GMAIL.COM (to be used for future annual report notification)
For further information of	concerning this matter, please of	call:
KEVIN L HAMMERS		941 402-1644 at ()
Name o	of Person	Area Code Daytime Telephone Number
Enclosed is a check for t	the following amount:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Section
Division of C	Corporations	Division of Corporations
P.O. Box 632		The Centre of Tallahassee
Tallahassee,	rt 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ELITE HOME CREATIONS 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 $\frac{09/05/2023}{}$ and assigned Florida document number _____L23000414247 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ELITE HOME CREATION LIMITED LIABILITY COMPANY 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

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.

City

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:

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Rетоvе
			Change
			
			Change
			□ Remove
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			10/19/	/2023				
Note: If t	date, if other than we date is listed, the da- the date inserted in the 's effective date on	his block does	not meet the a	applicable statu	filing or more than story filing requi	(option: 190 days after fil rements, this d	ing.) Pursuant to 605 ate will not be liste	.0207 (ed as t
e record sp rd is filed.	pecifies a delayed ef	fective date, be	ut not an effec	tive time, at 12	:01 a.m. on the	carlier of: (b)	The 90th day after	r the
	OVEMBER 1ST		2023					
Dated NC		///		 -				
Dated			1 11					
Dated NC	Lan	, A. S.	kinned					
Dated	- heir	Signature	derenne o	r authorized repr	resentative of a me	ember		

Filing Fee: \$25.00

COVER LETTER

	sistration Sec ision of Corp		
SUBJECT:		ME CREATIONS LLC	
SUBJECT.		Name of Limited Liability Company	,
The enclosed	l Articles of A	Amendment and fee(s) are submitted for filing.	
Please return	all correspon	ndence concerning this matter to the following:	
		KEVIN LAWRENCE HAMMERS	
		Name of Person	
		ELITE HOME CREATIONS LLC	
		Firm/Company	
		2111 VINSON AVE	
		Address	
		SARASOTA, FL 34232	
		City/State and Zip Code	
		ELITEHOMECREATORS@GMAIL.COM	
		E-mail address: (to be used for future annual report notified	ication)
For further in	formation co	oncerning this matter, please call:	
KEVIN L H	AMMERS	941 402-1644	
	Name of	Person at ()	: Telephone Number
Enclosed is a	check for the	e following amount:	
□ \$25.00 F	iling Fee	S30.00 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

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 HOME CREATIONS 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 v	vere filed on	and assigned
Florida document number L23000414247		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
ELITE HOME CREATION LIMITED LIABILITY COMPANY		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or t	he 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 ac agent and/or the new registered office address here:	ldress on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	a
	City , Florid:	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I covided for in Chapter 605, F.S.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

an amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
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an effecti ote: If	date, if other than the ve date is listed, the date must the date inserted in this blacks effective date on the D	t be specific and ock does not m	cannot be prior to detect the applicable	late of filing or more e statutory filing r	(option than 90 days after file equirements, this d	ing.) Pursuant to 605.0207
record s is filed.	pecifies a delayed effectiv	e date, but not a	an effective time,	, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
NC ated	OVEMBER IST		2023			
		1100	7	1		
	Sain 7	V. Stem	meca			
	Jun -	Signature of a fin	ember or authorize	ed representative of	a member	