



Office Use Only





600428172666

år 121.0m +61015 +669 (\*#25.60

2024 MAY 21 PM 3: 0 SEGRE MAY DE STATI

## **COVER LETTER**

TO: Registration Se Division of Cor				
ELITEPRO	DW LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The analogued Articlas of	Amendment and fee(s) are sub	mitted for filing		
	ondence concerning this matter			
	WILLIAM WAGNER MA	.TOZINHO		
		Name of Person		
		Firm/Company		
		ranvCompany		
		Address		
	9220 FONTAINEBLEAU			
	MIAMI, FLORIDA 33172	City/State and Zip Code		
		to be used for future annual report not	ification)	
For further information c	concerning this matter, please c	all:		
WILLIAM	MATOZINHO	786 307-5111		
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Piling Fee	S30.00 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)	
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection	
Division of Corporations		Division of Co	Division of Corporations The Centre of Tallahassee	
P.O. Box 633 Tallahassee,			Tallanassee De Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITEPRO DW LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.) )
The Articles of Organization for this Limited Liability Company were filed on $\frac{5}{2}$	and assigned
lorida document number L23000416017	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company	here:
LITEPRO PRECISION LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	S 20
	SOUTH AY
	舞 2 厂
nter new mailing address, if applicable:	SSE P
Mailing address MAY BE A POST OFFICE BOX)	
<ol> <li>If amending the registered agent and/or registered office address on our gent and/or the new registered office address here:</li> </ol>	records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter F	lorida street address
	, Florida
City:	Zip Code

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

Title	Name	Address	Type of Action
	<u></u>		□Add
			□Remove
			□Change
			□Remove
			□Change
			Remove
			☐ Change
		11-17-51	□Remove
			□Change
			□Remove
			□ Change
			□Add
			□ Channo

## Page 2 of 3

Note	tive date, if other than the date of filing:
the re ) Th	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	5/21 2024
	Signature of a member of authorized representative of a member
	WILLIAM MATOZINHO

Page 3 of 3

Filing Fee: \$25.00