L23000486419

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



300419501373

12/01/23--01025--016 **25.00

COVER LETTER

Division of Corporations	
SUBJECT:	Elite Employee LLC
	Name of Limited Liability Company
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	Rolando Lopez
	Plite Employee LLC.
	16830 SW 49 CT
	Miramal, FL 33027
	City/State and Zip Code eliteemployeelle. com E-mail addless: (to by sed for future annual report notification)
For further information con	ocerning this matter, please call:
Rolando	Lopez 1786 927 1340
Enclosed is a check for the	following amount:
Z \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	retion Registration Section Proporations Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite Employee LLC
(Name of the Limited Liability Company wit now appears on our records.)

The Articles of Organization for this Limited Liability Company we	ere filed on 00241202	3 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 Same (Clife)	Emp/04ee	11C
The new name must be distinguishable and contain the words "Limited Liability	Company, "the designation "lett" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	"Same"	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office ade agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 10830 10	Iress on our records, enter the name Place remove 200 Lopez Scu 49 Enter Florida street address City City	of the new registered Hairely 9 Salate ar I 33027

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
M6R	Hairelys Salari	Address 25 14839: Sw 49327 14839: Smar 773305	
		14 Mi ama 1 7 3302	Remove
		<u> </u>	Change
			□Add
			□Remove
			Change
			□Ađd
			□Remove
			□ Change
			🗆 Add
			□Remove
			☐ Change
			🗆 Add
			Remove
			□Change
<u></u>			□Add
			□Remove
			- 169

If amo	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	Please I need to Ramoria
-	of all the name of Mairelys
-	Bratar trom this LLC.
-	1
-	Just leave Bolando Lovez
-	HI CANZS:
-	y or wor 15
-	
-	
-	
-	
-	
_	_ '
_	
_	
Note:	ive date, if other than the date of filing:
the recor cord is fi	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 led.
Dated	11/20 2023
	Signature of a/member or authorized representative of a member
	Tolondo Lanz.
	Typed or printed name of sign/e

Filing Fee: \$25.00