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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2024 APR -8 PM 3:31 SECKLINATOF STATE

COVER LETTER

Tallahassee, FL 32314

TO: Registratio Division of	n Section Corporations		
	Business Services, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return ail corr	espondence concerning this matter	to the following:	
	John Fuller		
		Name of Person	
	Elitee Business Services, I	LC	
		Firm/Company	
	24 William Street		
		Address	
	East Rutherford, NJ 07073		; 1
		City/State and Zip Code	
	johnfuller1870@gmail.com		
For further informati	on concerning this matter, please co	to be used for future annual report notification)	
John Fuller		+1 8882116123	į
Na	me of Person	at () Area Code Daytime Telephone N	umber
Enclosed is a check t	for the following amount:		
□ \$25.00 Filing Fe	e = \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy is enclosed) Certified Copy is enclosed)	.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
_	on Section	Street Address: Registration Section	2024 APR -8 SEGNAPATALLATIAN
P.O. Box	of Corporations 6327	Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Effice Business Services, LLC		Į.
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000517346</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	186 Paterson Avenue	i
	East Rutherford, NJ 07073	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
Tien regissored office readies.	Enter Florida street address	
	, Florida	.
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I opposited for in Chapter 605, F.S.	ım familiar with and Or, if this document is

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
AMBR	John Fuller	186 Paterson Avenue, East Rutherford, NJ 07073	 ≘ Add
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Filing Fee: \$25.00