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(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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2024 MAR -4 AM 10: 12 SECRETARY OF STATE TALLAHAS SEF TATE

COVER LETTER

TO: Registration Section

Division of Cor	porations			
	s and Development, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing,		
Please return all correspo	ondence concerning this matter	to the following:		
	Denice Haggerty			
		Name of Person		
		Firm/Company		. 2
	1861 Primrose Lane		.	ECRE FALL
		Address		
	Wellingotn, FL 33414			2024 MAR -4 AM 10: 12 SECRETARY OF STATE STALLAHASSEE, FL
	chrisgeorgewpb@gmail.com	City/State and Zip Code		O: 12 STATE E. FL
	E-mail address: (to be used for future annual report no	tification)	,
For further information c	oncerning this matter, please c	ail:		
chris george		561 762-9887		
Name o	f Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
Mailing Addres Registration 5		Street Address: Registration S	ection	
Division of C		Division of Co		
P.O. Box 632	2.7	The Centre of		
Tallahassee, I	FL 32314	2415 N. Monre	oe Street, Suite 81	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite Homes and Development, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lia	Company as it now appears on our recomited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com	npany were filed on 12/20/2023	and assigned
Florida document number L23000559787		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	(2.2	
		20
		TACE
Enter new mailing address, if applicable:		RETAR THE
(Mailing address MAY BE A POST OFFICE BOX)		77 F 1
wante and the same		SER E
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, ent	er the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	·	
	Enter Florida street add	ress
		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 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	Denice Haggerty	1861 Primrose Lane	
		Wellington, FL 33414	≡ Remove
			Change
mgr	Michael Haggerty	1861 PRIMROSE LANE	= Add
	-	WELLINGTON, FL 33414	□Remove
			Change
mgr	Theodore Obermeyer	3256 C Road 	≣ Add
		Loxahatchee, FL 33470	SECRETARY OF STATE TALL AHASSEE, FL
			□ Change □ Add
			□Remove
			Change
		_	□Add
			□Remove
			□ Change

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March, 1 2024 Signature of a member or authorized representative of a member				,,, ,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	····· ()	
Signature of a member or authorized representative of a member							
Signature of a member or authorized representative of a member	March 1	2024					
Signature of a member or authorized representative of a member	March, 1	. 2024	•				
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