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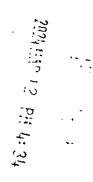
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## **COVER LETTER**

. TO:

Registration Section

Tallahassee, FL 32314

**Division of Corporations** Elite Association Management SUBJECT: \_ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Belfond Edson Name of Person Elite Association Management Firm/Company 5010 SW 40th Ave Address Fort lauderdale fl,33314 City/State and Zip Code belfond5938@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 610-2769 Edson Belfond Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite Association Management		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/22/2024	and assigned
Florida document number L24000044878		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1-2
(Principal office address MUST BE A STREET ADDRESS)		121
The party of the same of the s		:5
Enter new mailing address, if applicable:		· ·
Mailing address MAY BE A POST OFFICE BOX)		<del>.</del>
		; <del>;</del>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	enter the	name of the new regis
	r.mer r ioriaa sireei address	
	Florid	a Zip Code
	C10	rap Courc

## 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
MGR	Edson Belfond	5010 SW 40th Ave Fort Lauderdale Fl 33314	<b>=</b> Add
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fective date, if other than the neffective date is listed, the date mute:  If the date inserted in this becument's effective date on the E	st be specific and cann- lock does not meet t	ot be prior to date o the applicable sta			
ecord specifies a delayed effectives filed.	ze date, but not an ef	ffective time, at 1	2:01 a.m. on the ec	arlier of: (b) The 90	Oth day after the
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ted	Signature of a memb	Bellione Hillson or authorized re	D -( presentative of a men	iber	

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