

L24000085162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

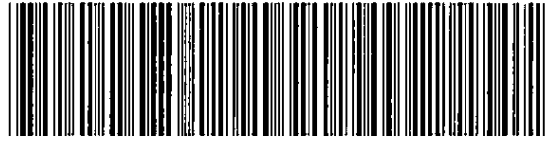
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELITE PRO EXPORE LLC/ ELITE PRIME SERVICES LLC (NEW)
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:

CRISTIANE VENTURA
Name of Person

EXCELLENCE VIRTUAL ADMINISTRATIVE SERVICES LLC
Firm/Company

2121 S. HIWASSEE RD SUITE 116
Address

ORLANDO,FL 32835
City/State and Zip Code

ADMIN@EXCELLENCESERVICES.ORG
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTIANE VENTURA 321 419-6041
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy
<small>(additional copy is enclosed)</small> | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy
<small>(additional copy is enclosed)</small> |
|--|---|--|---|

Mailing Address:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

RECEIVED
 DIVISION OF CORPORATIONS
 STATE OF FLORIDA
 APR 11 2012 12:36 PM

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ELITE PRO EXPLORE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/16/2024 and assigned Florida document number L24000085162.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ELITE PRIME SERVICES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

ELITE PRIME SERVICES LLC
 P.O. BOX 1234
 ORLANDO, FL 32835

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: EXCELLENCE VIRTUAL ADMINISTRATIVE SERVICES LLC

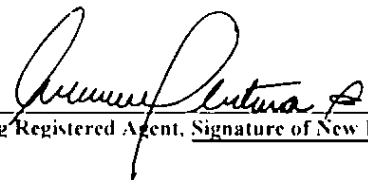
New Registered Office Address: 2121 S. HIAWASSEE RD SUITE 116

Enter Florida street address

ORLANDO, Florida 32835
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	AMANDA C.P. BARBOSA	3065 BILTMORE PARK DRIVE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

SECRET
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E. Effective date, if other than the date of filing: FILING DATE (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JULY 26TH 2024


Signature of a member or authorized representative of a member

AMANDA CHRISTINA PEREIRA BARBOSA
Typed or printed name of signee