## L24000085162

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(city) called Light Monday
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
<u></u>
Special Instructions to Filing Officer:

Office Use Only



900434167689

08/02/24--01009--018 \*\*25.00



63/0/2/

## **COVER LETTER**

\* .

Registration Section

TO:

Division of Cor	porations					
SUBJECT: ELITE PRO	EXPORE LLC/ ELITE PRIN	ATE SERVICES LLC (NEW)  ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	CRISTIANE VENTURA					
	Name of Person					
EXCELLENCE VIRTUAL ADMINISTRATIVE SERVICES LLC						
Firm/Company						
2121 S. HIAWASSEE RD SUITE 116						
Address						
	ORLANDO,FL 32835			: : :		
		City/State and Zip Code		- , .		
	ADMIN@EXCELLENCES	SERVICES.ORG		- -	:	
	E-mail address: (	to be used for future annual report no	tification)		25	
For further information co	oncerning this matter, please c	all:			PH I2: 30	
CRISTIANE VENTURA		321 419-6041		ודן	တ	
Name of	Person	at () Area Code Daytin	ne Telephone Numbe	er		
Enclosed is a check for th	e following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Sta	tus &	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Se Division of Co The Centre of	rporations			
Tallahassee, F			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE PRO EXPORE LLC				
(Name of the Limite	d Liability Company A Florida Limited Lia	as it now appears on our records.) bility Company)	<del></del>	
The Articles of Organization for this Limited Lia Florida document number L24000085162			and assigned	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabili	ty company here:		
ELITE PRIME SERVICES LLC				
The new name must be distinguishable and contain the we	ords "Limited Liability	Company," the designation "LLC" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if applica	ble:		<u>-</u>	
(Principal office address MUST BE A STREET ADDRESS)			<u>.</u>	
		<u> </u>	•	
		•		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			<u>155</u>	
		디	ယ တ	
B. If amending the registered agent and/or reagent and/or the new registered office address		dress on our records, <u>enter the name of</u>	the new registered	
Name of New Registered Agent:	EXCELLENCE VIRTUAL ADMINISTRATIVE SERVICES LLC			
New Registered Office Address:	2121 S. HIAWA	SSEE RD SUITE 116		
		Enter Florida street address		
	ORLANDO	, Florida <sup>32835</sup>		

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Type of Action
AMBR	AMANDA C.P. BARBOSA	3065 BILTMORE PARK DRIVE	<b>=</b> Add
		ORLANDO,FL 32835	□Remove
			□ Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			☐Change
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			□ Change
			□Add
			Remove
			□Change
			□ Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_ (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. JULY 26TH Dated \_ 2024 Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee

AMANDA CHRISTINA PEREIRA BARBOSA