

(shown below) on the top and bottom of all pages of the document.

(((H240003408143)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : 120230000190 Phone : (844) 449 - 3624 Fax Number : (512)597-0678

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please:

Email Address:



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELITE INFUSIONS L.L.C.

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Help

2024-10-11 06:28:35 UTC-14 COVER LETTER

18506176383

From: ZenBusiness User

TO: Registration S Division of Co					
Elite Infus	ions L.L.C.				
SUBJECT:					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Allison Monzon				
		Name of Person			
	ZenBusiness INC				
		Firm/Company			
	336 E. College Ave Suite	301			
		Address			
	Tallahassee, FL 32301				
		City/State and Zip Code			
	fulfillment@zenbusiness.co E-mail address: (om to be used for future annual report noti	tication)		
For further information (concerning this matter, please c	all:			
c/o ZenBusiness INC		844 493-6249			
Name of Person		at ()	e Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Malting Addre Registration Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monto Tallahassee, FL	porations Fallahassec e Street, Suite 810		

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2024-10-11 06:28:35 UTC-14 18 ARTICLES OF AMENDMENT 18506176383

TO

ARTICLES OF ORGANIZATION OF

Elite Infusions L.L.C.			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited i	ny as It now appears on our record Liability Company)	(<u>s.</u>)	
The Articles of Organization for this Limited Liability Company	were filed on 2024-03-04	and assigned	
Florida document number L24000111255			
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	lity 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:		2024 (SEC:	
(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	1 - T	
Name of New Registered Agent:		——————————————————————————————————————	
New Registered Office Address:			
	Enter Florida street address		
	, Flo	orida	
New Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agre	ee to act in this capacity. I fin	rther 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

To:

Page: 4 of 5 2024-10-11 06:28:35 UTC+14 18506176383 From ZenBusiness User in amending Authorized rerson(s) authorized to manage, enter the time, 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	Jennifer Acunto Rogg	10266 Hunt Club LanePalm Beach Gardens, FL 33418	} _ ■Add
			_ 🗆 Remove
			_ □Change
			_ □Add
			_ □Remove
			_ □Change
			_□Add
			_ 🗆 Rепюче
			_ □Change
			_ 🗆 Add
			_ □Remove
			_ □Change
			_ □Add
			_ 🗆 Remove
			_ II Change
			_□Add
			_ □Remove
			_ 🗆 Change

* Page: 5 of 5

D. If amending any other infor	mation, enter change(s) her	e: (Attach additional sheets,	if necessary.)
			
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	must be specific and cannot be prions I block does not meet the applic	r to date of filing or more than 90 day cable statutory filing requiremen	(optional) is after filing.) Pursuant to 605.0207 (3)(bits, this date will not be listed as the
the record specifies a delayed effe cord is filed.	ctive date, but not an effective t	ime, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
Dated	, 2024	·	
/s/ Emily E	Barbara Fitzpatrick		
	Signature of a member or auth	orized representative of a member	
Emily Barbara Fitzp	attick , Member		
· · · · · · · · · · · · · · · · · · ·	Typed or prin	ted name of signee	