

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| (Document Number) |
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| Special Instructions to Filing Officer: |
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COVER LETTER

Division of Corporations ELITE BROTHERS SERVICES 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: Pedro Malagon Name of Person Firm/Company 221 Emerald Ave. Address FORT PIERCE, FL 34945 City/State and Zip Code RAPIDBOOKKEEPING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Pedro Malagon 561 236-3614 Name of Person Daytime Telephone Number Area Code 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 Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FLITE BROTHERS SERVICES | |
|---|---|
| (Name of the Limited Liability Company as it no (A Florida Limited Liability Co | ow appears on our records.) ompany) |
| The Articles of Organization for this Limited Liability Company were file Florida document number $\frac{L24000141516}{L24000141516}$. | ed on and assigned |
| his amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability com | pany here: |
| ELITE BROTHERS SERVICES LLC | |
| he new name must be distinguishable and contain the words "Limited Liability Compa- | ny," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| • | |
| Principal office address MUST BE A STREET ADDRESS) | 69 |
| | 202 |
| | MAPR Second |
| Inter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | 8 1 |
| | P P |
| | ुं क्ष |
| 3. If amending the registered agent and/or registered office address of | |
| gent and/or the new registered office address here: | 3 |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | . Florida |
| Civ | , Florida Ziv 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> | <u>Address</u> | Type of Action |
|--------------|---------------------------------------|------------------------|----------------|
| MGR | OLISNEIDER HECHAVARRIA | 220 RUSSIELL DR | 07Add |
| | | PALM SPRINGS, FL 33461 | |
| | | | □Remove |
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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. APRIL 12 2024 Dated ___ Signature of a member or authorized representative of a member HERNAN BOSCH HECHAVARRIA Typed or printed name of signee

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