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## **COVER LETTER**

Division of Corp	porations			
PSA NOTA				
SUBJECT:		ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	Joel Hernandez			
	*	Name of Person		
		Firm/Company		· 
	8403 PINES BLVD #1416			
		Address		
	PEMBROKE PINES, FL.	33024		
		City/State and Zip Code		
-	elitelifeandhealth@gmail.ec			
	E-mail address: (	to be used for future annual re	port notification)	
For further information co	oncerning this matter, please co	att:		
Joel Hernandez		at ( )	9271	
Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed is a check for the	e following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is each		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>:</u>	Street Ado	<u>iress:</u>	

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

TO:

Registration Section

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

(Name of the Limited Liabilian (A.) Florida	ity Company as it now appears on our recor a Limited Liability Company)	<u>'ds.</u> )
The Articles of Organization for this Limited Liability C	Company were filed on 04/26/2024	and assigned
Florida document number 1.24000196866		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Elite Life & Health LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	:
		23
		<u> </u>
Enter new mailing address, if applicable:		55
(Mailing address MAY BE A POST OFFICE BOX)		हें हें
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		er the name of the new reg
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fiorida street addi	ress
		Florida
	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 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>	Address	Type of Action
			□Remove
			□Change
-			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Remove
		**·········	□Change
			□Add
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		· · · · · · · · · · · · · · · · · · ·	□Change
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			□Remove
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te: If the date inserted in this		able statutory filing requiren	(optional) days after filing.) Pursuam to 605.020 nents, this date will not be listed a
cord specifies a delayed effec s filed.	tive date, but not an effective ti	me, at 12:01 a.m. on the earl	iier of: (b) The 90th day after the
ed July 18	2024	<u></u> .	
ed July 18	Signature of a member or author		