L24000250442

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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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03/13/24--01004--005 **25.00





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COVER LETTER

TO: Registration Section Division of Corporations

FL ELITE P SOLUTIONS LLC

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:

GLORIA A RAMIREZ

Name of Person

FL ELITE P SOLUTIONS LLC

Firm/Company	4707
2000 N CONGRESS AVE LOT 76	
Address	
WEST PALM BEACH FLORIDA 33409	
City/State and Zip Code	
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E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

FL ELITE P SOLUTIONS LLC

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

The Articles of Organization for this Limited Liability Company were filed on	and assigned
Florida document number L24000250442	

This amendment is submitted to amend the following:

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

y." the designation "LLC" or the abbreviation "L 1	C."
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	\Box
	8000 AM II 8000 AM III 8000 AM II 8000 AM III 8000 AM III

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

Name of New Registered Agent:		
New Registered Office Address:	Enter Florido street addre	
	City	lorida 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.

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	GLORIA A RAMIREZ	2000 N CONGRESS AVE WEST PALM BEACH	°L □Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	07/31/2024			10:30AM		
	4	the	relia			
			Signature of a n	nember or autho	rized representative of a member	
	GLORI	A A RAMIREZ				

Typed or printed name of signee