

L24000250442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

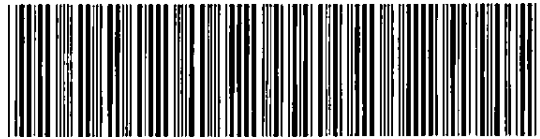
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

*Handwritten signature*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FL ELITE P SOLUTIONS LLC

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

2000 N CONGRESS AVE LOT 76

Address

WEST PALM BEACH FLORIDA 33409

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE MONROY

561 644 7171

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**Mailing Address:**

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

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ALLIANCE, FL

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## FL ELITE P SOLUTIONS LLC

**If Changing Registered Agent, Signature of New Registered Agent**

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>                         | <u>Type of Action</u>                      |
|--------------|------------------|--|--|
| MGR          | GLORIA A RAMIREZ | 2000 N CONGRESS AVE WEST PALM BEACH FL | <input type="checkbox"/> Add               |
|              |                  |  | <input checked="" type="checkbox"/> Remove |
|              |                  |  | <input type="checkbox"/> Change            |
|              |                  |  | <input type="checkbox"/> Add               |
|              |                  |  | <input type="checkbox"/> Remove            |
|              |                  |  | <input type="checkbox"/> Change            |
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TALLAHASSEE, FL

(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)

Dated 07/31/2024, 10:30AM

31/2024

 Signature

Signature of a member or authorized representative of a member

GLORIA A RAMIREZ

Typed or printed name of signer

**Filing Fee: \$25.00**