## L24000 281659

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
•	(Document Number)
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Special Instructions	to Filing Officer
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FILEU 2024 NOV 15 PH 2: 10

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: DIMA	nons Elite Se Name of Lim	COCILY 5-ECVIC	ies LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Brennon Sir	Name of Person	
		Firm/Company	
	11285 2m	Village Parkayon	y Unit 272
		City/State and Zip Code	
	Simmonsbre, E-mail address:	mon (D. g.m.c.) / 10 to be used for future annual report not	(Com illication)
For further information e	oncerning this matter, please ca	all:	
Scennan Sim. Name o	Morsi 1 Person	at ( <u>561</u> ) <u>889-</u> Area Code Daytin	(ZO5— ne Telephone Number
Enclosed is a check for the	ne following amount:		
又\$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 S Division of C P.O. Box 632	Section Corporations 17	Street Address: Registration Se Division of Co The Centre of	rporations Fallahassee
Tallahassee, l	rL <i>323</i> 14	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF O	RGANIZATION Solver
Ol	F 2021 ' 'LED
Simmons Elike Selurity (Name of the Limited Liability Compar	Services LCC PH 2: 10  Services LCC  As it now appears on our records.)  Ability Company)
The Articles of Organization for this Limited Liability Company	were filed on Jone 21, 2024 and assigned
Florida document number 424 COO ZR165 4	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C." 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:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Emer Florida street address
	Florida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
MGB	Shamera Williams	11582 Sw Village Parkury	<b>_</b> _ <b>__</b>
		Unit 2792	□Remove
		Port Soint Lucie FL 3498	
MGR BO	Brennon Simmons	11582 SW Village Poorkwa	<b>Y</b> □Add
		Port St. Lucie, 34987	
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change

	<del></del>
	<del></del>
(If an el Note:	tive date, if other than the date of filing:
he reco	rd 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 iled.
Dated	November 7th . 2024.  Signature of a member of authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00