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## **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT:	Lite P	85 Constr	uction
	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	nendment and fec(s) are sub-	mitted for filing.	
	ence concerning this matter		
·	_		
	Marco	S Carra Name of Person	
		Firm/Company	
		Firm/Company	·
	1274 Oango	Address	32765
	Oviedo,	City/State and Zip Code  Jy a msn. com  To be used for future annual report notifi	
	mavcos, no E-mail address: (	Jy a msn. com	 ication)
For further information con	cerning this matter, please ca	all:	
Manco. Name of P	s Ja~~a	at ( 407) 406 - Area Code Daytime	4306 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:		Street Address:	.•
Registration Se Division of Cor		Registration Sec Division of Cor	
P.O. Box 6327	polations	The Centre of T	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elite PSS	Construction
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
	y Company were filed on <u>7 - 23 - 2024</u> and assigned
This amendment is submitted to amend the following	;;
A. If amending name, enter the new name of the l	imited liability company here:
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new registered</u> e:
Name of New Registered Agent:	
New Registered Office Address:	<u></u>
	Enter Florida street address
	, Florida City Zip Code
	y

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 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>	Type of Action
AMBR	Marcos Parra	1274 Canjond pl Diedo 32765	/X/Add
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