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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	ELITE SO/UTION	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	EBolA	BAJCE Name of Person	
		Firm/Company	
	1400 Mod	GAN STANLEY AL	IE UNITSAZ
	WINTER PARK	Flor IDA 323	+89 <u> </u>
	EBO/AZACKA	RI GGMAIL. COM to be used for future annual report notif	
For further information	re-mail address: (i concerning this matter, please ca	•	ication)
EBD/A Name	Bryce of Person	at (585) 451 Area Code Daytime	7001 Telephone Number
Enclosed is a check for t	the following amount:		
Z \$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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECITE SOI	utions !	US 1	40			±i -1
ECITE SO (Name of the Limit	ed Liability Compa (A Florida Limited l	ny as it now a Liability Comp	ppears on our recordany)	<u>ds.</u> )	<u></u>	=: 
The Articles of Organization for this Limited Li Florida document number	ability Company	were filed o	on <u>12/09/2</u>	024	and assi	igned
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liab	ility compa	ny here:			
Enter new principal offices address, if application of the second of the						
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE A	BOX)					
B. If amending the registered agent and/or reagent and/or the new registered office address	•	address on o	our records, <u>ente</u>	r the name of	the new	/ register
Name of New Registered Agent:	<u> </u>	)/A	BAYCE			
New Registered Office Address:	1400	MORG	BRYCE ON STANLI or Florida street addre	SY AVE	un	11572
	WINTER	Park	, F	lorida <u>3</u> 2	1789	
		City		7	in 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u> .	Type of Action
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