P0100053881

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SEP 27 2016

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ELITE ENTERPRISES OF	GAINESVILLE, INC.
DOCUMENT NUMBER: P01000053881	
The enclosed Articles of Amendment and fee are submitted f	or filing.
Please return all correspondence concerning this matter to the	following:
MCALLISTER, NATHANIEL	
Name	of Contact Person
ELITE ENTERPRISES OF GAINES	VILLE, INC.
F	irm/ Company
PO BOX 5005	•
	Address
GAINESVILLE, FL 32627	
City/ S	State and Zip Code
eliteenterprisesofgainesville@gmail.com	
E-mail address: (to be used for fu	ture annual report notification)
For further information concerning this matter, please call: MCALLISTER, NATHANIEL	352 494 - 3134
Name of Contact Person	at (352) 494 - 3134 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to	
Certificate of Status Certificate of Status (Add	75 Filing Fee & S52.50 Filing Fee ified Copy Certificate of Status itional copy is osed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

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Articles of Inc

ELITE ENTERPRISES OF GAINESVILLE, INC.	_SECRETARY OF LARLE.
(Name of Corporation as c	urrently filed with the Florida Dept. of State)
P01000053881	
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporat	ion:
	The new poration," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the liation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	
Name of New Registered Agent	
	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
Signature o	f New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>			
X Remove	<u>v</u>	Mike Jo	<u>nes</u>			
X Add	<u>sv</u>	Sally Sr	<u>nith</u>			
Type of Action (Check One)	Title		Name		<u>Addres</u> s	
1) Change	T		Thomas Crum		P.O. Box 5005	
X Add					Gainesville, FL 32627	
Remove						
2) Change			·			
Add						_
Remove						
3) Change		_				
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		<u> </u>				
Add						
Remove						
6) Change		<u> </u>				
Add						
Remove						

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)

10	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
	· · · · · · · · · · · · · · · · · · ·
. , , ,	

date this document was signed.	ioption: , if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	**
	(voting group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
9/16/2016 Dated	
Signature	Nathaniel McAllister
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	MCALLISTER, NATHANIEL
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person cigning)