

PO5000003548

Division of Corporations

Page 1 of 2

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000229818 3)))



H150002298183ABC3

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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2015 SEP 29 AM 10:07

Amend

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
ELITE PREMIUM INC.

SEP 30 2015  
I ALBRITTON

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

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Corporate Filing Menu

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<https://efile.sunbiz.org/scripts/efilcovr.exe>

H15000229818

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ELITE PREMIUM INC

DOCUMENT NUMBER: PO5000003548

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA LORENA ROJAS  
Name of Contact Person  
OSCAR A CABRERA P.A.  
Firm/ Company  
28880 SW 164 AVENUE  
Address  
HOMESTAD FLORIDA 33033  
City/ State and Zip Code

elitepremiumadviser@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA LORENA ROJAS at (305) 804-4428  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (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



September 29, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ELITE PREMIUM INC.  
15678 SW 17 TERRACE  
MIAMI, FL 33185

SUBJECT: ELITE PREMIUM INC.  
REF: P05000003548

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(one) box regarding the adoption of the amendment.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

FAX Aud. #: H15000229818  
Letter Number: 115A00020503

P.O. BOX 6327 - Tallahassee, Florida 32314



September 28, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ELITE PREMIUM INC.  
15678 SW 17 TERRACE  
MIAMI, FL 33185

SUBJECT: ELITE PREMIUM INC.  
REF: P05000003548

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

Please sign in the space provided and type/print title of the officer signing the document in the space provided.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

FAX Aud. #: H15000229818  
Letter Number: 615A00020388

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SEP 28 PM 1:02  
FAX

P.O BOX 6327 - Tallahassee, Florida 32314



September 25, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ELITE PREMIUM INC.  
15678 SW 17 TERRACE  
MIAMI, FL 33185

SUBJECT: ELITE PREMIUM INC.  
REF: P05000003548

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refile this document until the quality has been improved.

The 3rd page is missing and please sign document in the space provided on the form.

The name and title of the person signing the document must be noted beneath or opposite the signature.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

FAX And. #: H15000229818  
Letter Number: 315A00020244

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P.O. BOX 6327 - Tallahassee, Florida 32314

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2015 SEP 29 AM 10:07

Articles of Amendment  
to  
Articles of Incorporation  
of

ELITE PREMIUM INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P05000003548

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

7900 OAK LANE

SUTE 400

MIAMI LAKES, FL 33016

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

SAME

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

OSCAR A CABRERA P.A.

28880 SW 164 AVENUE

(Florida street address)

New Registered Office Address:

HOMESTAD

(City)

Florida

33033

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

  
Signature of 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:

☒ Change      PT      John Doe  
  
☒ Remove      V      Mike Jones  
  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	P	MARIA LORENA ROJAS	7900 OAK LANE
<input type="checkbox"/> Add			SUITE 400
<input type="checkbox"/> Remove			MIAMI LAKE, FL 33016
2) <input type="checkbox"/> Change	S	JUAN SEBASTIAN ROJAS	7900 OAK LANE
<input checked="" type="checkbox"/> Add			SUITE 400
<input type="checkbox"/> Remove			MIAMI LAKE, FL 33016
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

The date of each amendment(s) adoption: 08-28-2015 if other than the date this document was signed.

Effective date if applicable: 08-28-2015  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 9-24-2015  
Signature Maria Lorena Rojas  
(By a director, president or other officer -- if directors or officers have not been selected, by an incorporator -- if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MARIA LORENA ROJAS

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)