## P060000035

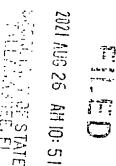
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



400371277494

| 08/26/21--01010--003 | **++**35.00



A. Butter

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NEW ELITE GRO	OUP HOME INC.	
DOCUMENT NUMB		<u> </u>	<del></del>
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	oondence concerning this ma	itter to the following:	
1	ETIENNE, ANIDE E		
-		Name of Contact Person	1
-		Firm/ Company	
	1241 S.E. NAVAJO LANE		
-	PORT ST. LUCIE, FL 34983	Address	
-	E-mail address: (to be us	City/ State and Zip Code  Fee Could how sed for Juture afmual report	re@ Quail-com notification
For further information	concerning this matter, plea	se call:	
ETIENNE, ANIDE E		at ( 772	de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

2021 440 00 444 10, 70
on as currently filed with the Florida Dept. of State
SEORE IN FOR STATE
nent Number of Corporation (if known) TALL 1 275E-FI
a Statutes, this Florida Profit Corporation adopts the following amendment(s)
orporation:
The new
orporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word eviation "P.A."
<u> </u>
DRESS )
D.X)
<u> </u>
red office address in Florida, enter the name of the
office address:
<del></del>
(Florida street address)
, Florida
(City) (Zip Code)
ristered Agent:
I am familiar with and accept the obligations of the position.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

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.

X Change	PT	<u>John Do</u>	<u>oe</u>	
X Remove	$\underline{V}$	Mike Jo	mes .	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D	_	FAITEAU, ROSE	962 S. E. BREAKWATER AVE.
Add				PORT ST. LUCIE, FL 34983
x Remove				
2) Change		<del></del> .		
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	<u> </u>	_		
Add				
Remove				
6) Change		_		
, Add		<del>_</del>		
Remove				
				**************************************

	,
e la companya de la c	<b></b>
f an amendment provides for an exchange, reclassification, or cancellation of issiprovisions for implementing the amendment if not contained in the amendment	ued snares, itself:
(if not applicable, indicate N/A)	

The date of each amendment(s date this document was signed.	s) adoption:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	rast for the amendment(s) was/were sufficient for approval
by	······································
	(voting group)
08/23/2 Dated Signature	a director, president or other officer – if directors or officers have not been
sele	ointed fiduciary by that fiduciary)
	ETIENNE, ANIDE E
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)