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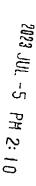
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	ELITE INNOVATION	CONSTRUCTION INC
DOCUMENT NUM	BER: P18000035343		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ELITE INNOVATION CON	STRUCTION / ELROD PI	HLLIPS JR
		Name of Contact Person	1
		Firm/ Company	
	8771 SW 30 STREET		
		Address	
	MIRAMAR FL 33025		
		City/ State and Zip Code	
	ELITEINNOVATIONCON@	ДҮАНОО.СОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
ELROD PHILLIPS		at (305	5289436
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

118 Cooperation 35	on as currently filed with the F	Horida Dept. of State)	,
(Docum	nent Number of Corporation (if I	(nown)	-
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this Florida Profit Co	rporation adopts the following amend	ment(s)
A. If amending name, enter the new name of the co	rporation:		
name must be distinguishable and contain the word "co 'Inc.," or Co.," or the designation "Corp," "Inc," 'chartered," "professional association," or the abbrev	Or (O A professional co		ew " ord
3. Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)	023 SE	-
		ال ال	
	·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BQ)	()		П
		1107 12	J
	·	<u> </u>	-
			-
. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, en	ter the name of the	
	nice address:		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
ew Registered Agent's Signature, if changing Regishereby accept the appointment as registered agent.	stered Agent: am familiar with and accept the	obligations of the position	
	ure of New Registered Agent, if		

☐ 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.

<u>PT</u>	John Doc			
<u>V</u>	Mike Jones			
<u>sv</u>	Sally Smith			
<u>Title</u>	<u>Name</u>			<u>Addres</u> s
D	TONYA L BOWLEG		WLEG	3005 OLD BAINBRIDGE RD
	 -			TALLAHASSEE FL 32303
				
				<u></u>
	V SV Title	VMike JoneSVSally SmiTitle2	V Mike Jones SV Sally Smith Title Name	V Mike Jones SV Sally Smith Title Name

	rticles, enter chan). (Be specific)			
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	cnange, reclassific	<u>ation, or cancella</u> entained in the an	<u>tion of issued snat</u> rendment itself:	es,
If an amendment provides for an ex-		manicu in the an	thanich tisen.	
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	/2023	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amen	dment file date)
Note: If the date inserted in this bl document's effective date on the De	nek does not meet the applicable statutory file artment of State's records.	ing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors	without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes ficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting group each voting group entitled to vote separately o	os. The following statement n the amendment(s):
"The number of votes cast-	or the amendment(s) was/were sufficient for a	pproval
bv	-	."
	(voting group)	
07/05/2023 Dated		
selected	rector, president or other officer – if directors of by an incorporator – if in the hands of a rece ged fiduciary by that fiduciary)	
	ELROD PHILLIPS JR	
	(Typed or printed name of person s	igning)
	(Title of person signing)	