P20000052091

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A. RAMSEY MAR 15 2022

COVER LETTER

TO: Amendment Section Division of Corporations

AME OF CORPORATION: A & M HOME DESIGN CO.					
DOCUMENT NUMBER:	P2000005209)1			
The enclosed Articles of Amendme	ent and fee are su	bmitted for filing.			
Please return all correspondence ec	oncerning this ma	tter to the following:			
	AELEEN CALVIN				
		Name of Contact Person	1		
-		Firm/ Company			
	523	0 LAND O LAKES BLVD	P.O. BOX #2226		
		Address			
	LAND O LAKES, FL 34639				
		City/ State and Zip Code	e		
	ELITEINV	ESTMENTSGROUPI@C	MAIL.COM		
E-mail	address: (to be us	ed for future annual report	notification)		
For further information concerning	this matter, pleas	se call:			
AELEEN CALVIN		at (766-3744		
Name of Contact Po	erson	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following	ng amount made	payable to the Florida Dep	artment of State:		
	75 Filing Fee & ficate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Sect Division of Corp P.O. Box 6327 Tallahassee, FL	iion orations	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee V. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED 2022 MAR -7 AM 8: 44

A & M HOME DESIGN CO.

(<u>N</u> ame	of Corporation as curren P200000	itly filed with the Florida 1 052091	Dept. of.State)	
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporatio	n adopts the following amendment(s) to	
A. If amending name, enter the new n	ame of the corporation:			
ELITE INTERNATIONAL INVESTM	ENTS GROUP, INC.		The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation	ed" or the abbreviation "Corp.,"	
B. Enter new principal office address, if applicable:		3139 SAGO POINT C	Т	
(Principal office address MUST BE A S		LAND O LAKES, FL	34639	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5230 LAND O LAKES BLVD		
			P.O. BOX #2226	
			34639	
D. If amending the registered agent an new registered agent and/or the ne			name of the	
Name of New Registered Agent	AELEEN CALVIN	_		
Nume of New Neglsterea Agent	5230 LAND O LAKES E	BLVD P.O. BOX #2226		
		street address)	,	
New Registered Office Address:	LAND O LAKES		. Florida 34639	
Men Registered Office Address.		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis			tions of the position.	
	Aller Co	lli	<u>/</u>	
	Signature of New	Registered Agent, if changi	ng	

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	MARIN,AELEEN	10016 BROMPTON DR #104
Add			TAMPA, FL 33626
Remove 2) Change	Р	CALVIN, AELEEN	5230 LAND O LAKES BLVD
X Add			P.O. BOX #2226
Remove 3) Change			LAND O LAKES, FL 34639
Add			
Remove			
4) Change	•	 	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	· · ·		-
Add			
Remove			

I/A	ding or adding a additional sheets,	, if necessary).	(Be specific	·)			
					 		
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If an an	nendment provid	des for an exch	unae recluss	ification or e	ncellation of	iccuad charae	
provisi	ions for impleme	enting the ame	ndment if no	t contained in	the amendme	nt itself	
(if	not applicable, in	ndicate N/A)					
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The date of each amendment(s) added this document was signed.	10ption:	, it other than
12/	31/2021	
Effective date if applicable:	(no more than 90 days after amendment file a	late)
	inc more many a day, a signor anternament year	 /
Note: If the date inscrted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirer partment of State's records.	nents, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sha	ircholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the fficient for approval.	amendment(s)
	roved by the shareholders through voting groups. The followard voting group entitled to vote separately on the amend	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
12/31/202		
Dated		
	1000 m 100 m	
Signature	fector, president or other officer – if directors or officers ha	
selecter	l, by an incorporator – if in the hands of a receiver, trustee,	or other court
	ed fiduciary by that fiduciary)	
	AELEEN MARIN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	
	() the or beison signing)	