

P24 0000 254 68

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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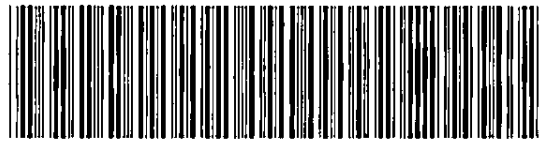
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ELITE SOLUTIONS GROUP, CORP.

DOCUMENT NUMBER: P24000025468

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

Please return all correspondence concerning this matter to the following:

DHANIelly QUEVEDO

Name of Contact Person

ELITE SOLUTIONS GROUP, CORP.

Firm/ Company

100 NORTH STATE ROAD 7, SUITE 106

Address

MARGATE, FL 33063

City/ State and Zip Code

2024elitecorp@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DHANIelly QUEVEDO

at (954)

857-6541

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:

☐ \$35 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)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2024

DHANIELLY QUEVEDO
100 NORTH STAE ROAD 7 SUITE 106
MARGATE, FL 33063

SUBJECT: ELITE SOLUTIONS GROUP, CORP.
Ref. Number: P24000025468

We have received your document for ELITE SOLUTIONS GROUP, CORP. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Check one adoption box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

SHANTELL BROWN
Regulatory Specialist II

RECEIVED

JUL 16 2024

Letter Number: 624A00013379

COVER LETTER

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Division of Corporations

NAME OF CORPORATION: ELITE SOLUTIONS GROUP, CORP.

DOCUMENT NUMBER: P24000025468

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Please return all correspondence concerning this matter to the following:

DHANIELLY QUEVEDO

Name of Contact Person

ELITE SOLUTIONS GROUP, CORP.

Firm/ Company

100 NORTH STATE ROAD 7, SUITE 106

Address

MARGATE, FL 33063

City/ State and Zip Code

2024elitecorp@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DHANIELLY QUEVEDO

at (954) 857-6541

Name of Contact Person

Area Code & Daytime Telephone Number

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The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 JUL 16 PM 3:34
CORP. DIVISION
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

ELITE SOLUTIONS GROUP, CORP.

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

P24000025468

(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:

N/A

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)

2841 N OCEAN BLVD, SUITE 709

FORT LAUDERDALE FL 33308

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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 N/A

(Florida street address)

New Registered Office Address: N/A, Florida
(City) (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

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)

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change	<u>P</u>	<u>DHANIELLY QUEVEDO</u>	<u>2841 N OCEAN BLVD,</u>
<u> </u> Add			<u>SUITE 709</u>
<u> </u> Remove			<u>FORT LAUDERDALE FL 33308</u>
2) <u>X</u> Change	<u>VP</u>	<u>KHAMILA QUEVEDO</u>	<u>2841 N OCEAN BLVD,</u>
<u> </u> Add			<u>SUITE 709</u>
<u> </u> Remove			<u>FORT LAUDERDALE FL 333</u>
3) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
4) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
5) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
6) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>

SECRETARY OF STATE
JUL 16 PM 3:34
TALLAHASSEE

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

Reclassification of shares that reflects the ownership of 100 ordinary shares between:

DHANIelly QUEVEDO and KHAMILA QUEVEDO, distributed as 55/45.

2024 JUL 16 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FL

The date of each amendment(s) adoption: 04/08/2024, if other than the date this document was signed.

Effective date if applicable: 04/08/2024
(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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ 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)

Dated 04/29/2024

Signature 
(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)

DHANIelly QUEVEDO

(Typed or printed name of person signing)

P

(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FL