L12000115214

•
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B. BOSTICK

OCT - 5 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	ELENA'S A	LTERATIONS, LLO	C	
SUBJECT.		ited Liability Company		•
	f Amendment and fee(s) are sui	Ü		
,				
		DEAN C MALTEZOS		
		Name of Person		_
	ELEN	IA'S ALTERATIONS,	LLC	_
	Firm/Company			
13957 80th AVE				
		Address		 1
	SEMINOLE, FL 33776			
City/State and Zip Code dcmalt42@bellsouth.net				9
	E-mail address: (to be used for future annual rep	ort notification)	
For further information	concerning this matter, please	call:		
DEA	N C MALTEZOS	at (727)	600-0148	12 00T -3 AM IO: 26 ACLASSELA FLORID
Name	of Person		t Daytime Telephone Numb	er
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Certific enclosed) Certific	Filing Fee, cate of Status & ed Copy onal copy is enclosed)
Regis Divisi	LING ADDRESS: tration Section ion of Corporations Box 6327	Registratio	f Corporations	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELENA'S /	ALTERATIONS,	LLC			
(Name of the Limited Liability (A Florida)	Company as it now ap imited Liability Compar	pears on our records.)		_	
The Articles of Organization for this Limited Liability C Florida document number L12000115214	ompany were filed on	September 12, 2	012 an	d assig	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ited liability company	<u>here</u> :			
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Co	mpany," the designation	"LLC" or	the abl	oreviation
Enter new principal offices address, if applicable:			F	73	
(Principal office address MUST BE A STREET ADDR	(ESS)			8	***
				<u> </u>	g 4.8 5.4
			Color Color Color	1300 	
Enter new mailing address, if applicable:			-3/		Same
(Mailing address MAY BE A POST OFFICE BOX)			<u>S</u> .	~	
	<u></u>		D'A	<u>ධ</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office add		n our records, <u>ente</u>	r the nan	ne of	the new
None of New Desistered Access		•			
Name of New Registered Agent:	***************************************	17 Lauren	<u> </u>		 -
New Registered Office Address:		Enter Florida street a	ddraec		
		Enter Pioriaa Sireei a	uur ess		
	City	, Florida		Code	
	~				

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If ameriding the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ELENA S MALTEZO	0S 13957 80th Ave SEMINOLE, FL 33776	✓ Add Remove
			Add Remove
	-	•	AddRemove
	-		Add Remove
·			Add Remove
			AddRemove
D. If amen	ding any other information,	enter change(s) here: (Attach additional sh	neets, if necessary.)
	October 1st		0.75 0.810 0
	Signatur	of a member or authorized refresentative of a DEAN C MALTEZOS	member
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00