

L18000265599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

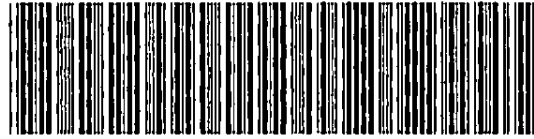
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APR 15 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: More2Love Fashions & Beautique
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Verdell Robinson
Name of Person

Duty Callz/E.L.M. Automotive
Firm/Company

2800 S Adams St. #5611
Address

Tallahassee, FL 32314
City/State and Zip Code

elmautomotive11c@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Verdell Robinson at (850) 783-3355
Name of Person Area Code Daytime Telephone Number

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 enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

More2Love Fashions & Beautique LLC

2022 APR 15 AM 10:47

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 11-13-18 and assigned Florida document number L18000265599

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

E.L.M. Automotive LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5086 Tennessee Capital Blvd. #647

(Principal office address MUST BE A STREET ADDRESS)

Tallahassee, FL 32303

Enter new mailing address, if applicable:

P.O. Box 5611

(Mailing address MAY BE A POST OFFICE BOX)

Tallahassee, FL 32314

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Verdell Robinson

New Registered Office Address:

5086 Tennessee Capital Blvd. #647

Enter Florida street address

Tallahassee

City

Florida 32303

Zip 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 605, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Verdell Robinson	13990 Harley Robinson Ct.	<input type="checkbox"/> Add
		Tallahassee, FL. 32309	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Shawntae Robinson Jones	1241 Athens Ct.	<input checked="" type="checkbox"/> Add
		Tallahassee, FL. 32305	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Verdell Robinson, MGR, owns and retains liability of 95% of all profits/losses.

Shawntae Robinson Jones, AMBR, owns and retains liability of 5% of all profits/losses.

Multiple horizontal lines for additional amendments.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 12, 2022

Handwritten signature of Verdell Robinson

Signature of a member or authorized representative of a member

Verdell Robinson

Typed or printed name of signee