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SECRETARY OF STATE TALLAHASSEE FLORIDA



COVER LETTER

TO: Registration Division of	Section Corporations		•		
SUBJECT: $\underline{\mathcal{E}}$	Cizabeth's A				
	(Name o	of Limited Liability Co	mpany)		
Dear Sir or Madam:					
The enclosed Article	s of Correction and fee(s) a	re submitted for filing.			
Please return all corr	respondence concerning this	s matter to the followin	g:		
Krist	Y Slusser (Name of Person)		_		
	(Name of Person) OM TAX & MOV (Firm/Company)	Hgage Smi	ice Aub	SECRE TALLAF	06 DEC 28
417 5	Fillwell Blv((Address)	<u>u</u>	_	TARY OF S	
Crestrie	W, FL 325 (Cily/State and Zip Code)	39	_	TATE	PH 3:00
	on concerning this matter, p				
Sherry	Enser Joanne	Liddler 850	083-1040		
(Na	ame of Person)	(Area Code &	& Daytime Telephone Number)		
STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, Florida	ions er Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check	for the following amount:				
S25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy		

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is: Elizabeth's Affic, UC
<u>SECO</u>	ND: The articles of organization or the application to transact business
<u>(CH</u>	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
Ŋ	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Original Omittel purpose Statement for ArtiuIII. Should
	indude: The purpose for which this limited Liability
	Company is organized is: any and all lawful business.
	TALE 06
	OR O
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
Dated:	Docomber 21th , 2006.
	Signature of a member or authorized representative of a member KRISTA IN. SIUSCA Typed or printed name of signee
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

Electronic Articles of Organization For Florida Limited Liability Company

L06000121452 FILED 8:00 AM December 21, 2006 Sec. Of State jbryan

Article I

The name of the Limited Liability Company is: ELIZABETH'S ATTIC LLC

Article II

The street address of the principal office of the Limited Liability Company is: 404 WEST JAMES LEE BLVD CRESTVIEW, FL. 32536

The mailing address of the Limited Liability Company is:

404 WEST JAMES LEE BLVD CRESTVIEW, FL. 32536

Article III

The name and Florida street address of the registered agent is:

KRISTY SLUSSER 404 WEST JAMES LEE BLVD CRESTVIEW, FL. 32536

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: KRISTY SLUSSER

OG DEC 28 PH 3: 00
SECRETARY OF STATE

Article IV

* The name and address of managing members/managers are:

Title: MGRM KRISTY SLUSSER 404 WEST JAMES LEE BLVD CRESTVIEW, FL. 32536

Title: MGRM JOSEPH SLUSSER 404 WEST JAMES LEE BLVD CRESTVIEW, FL. 32536

Signature of member or an authorized representative of a member Signature: KRISTY SLUSSER

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