L08000019757

(Requestor's Name)						
(Address)						
(Add	dress)					
(City	y/State/Zip/Phon	e #)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						



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SECRETARY OF STATE OF STATE OF CORPORATION

Office Use Only

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Custom	Elegance LLC		
		ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Kristen Vince		
		Name of Person		
Custom Elegance				
		Firm/Company		
	3237	7 Sawgrass Creek Circle		
		Address		
	S	aint Cloud, FL 34772		
	CUS E-mail address: (stomeleg@yahoo.com to be used for future annual report notifica	ation)	
For further information	concerning this matter, please c	all:		
K	risten Vince	at (407) 8	91-2002	
Name	of Person	Area Code & Daytime	l'elephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

10 NOV 16 AMIL: 39

	Custon	n Elegance LLC				
(<u>Na</u>	me of the Limited Liability (A Florida L	Company as it now appear imited Liability Company)	rs on our records.)			
The Articles of Organization	for this Limited Liability Co	ompany were filed on	02/25/2008	and assigned		
Florida document number	L08000019757	- •				
This amendment is submitted	to amend the following:					
A. If amending name, enter	the new name of the limit	ted liability company her	re:			
The new name must be distingu "L.L.C."	ishable and end with the word	ds "Limited Liability Compa	nny," the designation "L	LC" or the abbreviation		
Enter new principal offices	address, if applicable:					
(Principal office address MU	ST BE A STREET ADDR	ESS)				
				· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, (Mailing address MAY BE A	••					
Transit was as in the second	10010111000000					
B. If amending the regist registered agent and/or the			our records, <u>enter t</u>	he name of the new		
Name of New Regis	tered Agent:			· · · · · · · · · · · · · · · · · · ·		
New Registered Off	ice Address:	F	tau Flouido etuest e 11			
		Enter Florida street address				
		City	, Florida	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 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 amending 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 Title **Type of Action** Address Name MGR John Vince 3237 Sawgrass Creek Circle ☐ Add St Cloud, FL 34772 √ Remove Kristen Vince MGR 3237 Sawgrass Creek Circle St Cloud, FL 34772 ☐ Add Remove Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Sept. 24 2010 Dated ignature of a member or authorized representative of a member Kristen Vince Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00