

L08000058145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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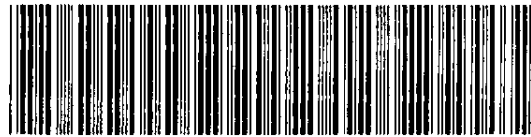
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY -5 PM 12: 08

N. Cuffman MAY 19 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Elegance, LLC
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:

Katherine S. Hasbrouck

Name of Person

Elegance, LLC

Firm/Company

P. O. Box 611332

Address

Rosemary Beach, FL 32461

City/State and Zip Code

khasbrouck@mchsi.com

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

For further information concerning this matter, please call:

Katherine S. Hasbrouck

Name of Person

at (**850**)

865-6612

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/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 CORPORATIONS
11 MAY -5 PM 12:08

Elegance, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/12/2008 and assigned
Florida document number L08000058145.

This amendment is submitted to amend the following:

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

Elegance Wedding and Events, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

292 Seabreeze Cir

Panama City Beach, FL 32413

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P. O. Box 611332

Rosemary Beach, FL 32461

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:

Katherine S. Hasbrouck

New Registered Office Address:

292 Seabreeze Cir

Enter Florida street address

Panama City Beach

, Florida

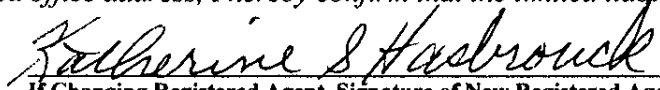
32413

City

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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PAMELA J. DALTON	P.O. BOX 611330	<input checked="" type="checkbox"/> Add
		ROSEMARY BEACH, FL 32461	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Note: To change NAME ONLY.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAY -5 PM 12:09

Dated _____

Katherine S. Hasbrouck

Signature of a member or authorized representative of a member

Katherine S. Hasbrouck

Typed or printed name of signee