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COVER LETTER

	egistration Sec vision of Corp					
SUBJECT	Elegant Occa	asions, LLC		•		
Name of Limited Liability Company						
The enclose	ed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspon	dence concerning this matter	to the following:			
		Leland Talcott				
		•	Name of Person			
		Law Office of Leland H. T	Calcott, P.A.			
			Firm/Company			
•		2000 North Dixie Highway	y, Suite 201			
			Address			
		Boca Raton, Florida 33431	I			
		<u> </u>	City/State and Zip Code			
		LTalcott@Talcottlaw.com				
For further	information co	E-mail address: (to be used for future annual report	notification)	2017 #45	-71
Leland Tal	cott		561 409-364	3	၂ ^{ညီးအ} ၂ ၂ ၂ လ	e prominente priminente
Enclosed is	Name of	Person following amount:	Area Code Da	ytime Telephone Number.	n J>	J
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status	

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

Elegant Occasions, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 12/29/2008	and assigned
Florida document number L08000117333		
If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		
	il can here.	
Name of New Registered Agent:		
		Circle Co
New Registered Office Address:	Enter Florida street address	
	, Florida	50 = U
	City , Florida	To; 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>	Type of Action
MGR	Wayne Labush	3650 Coral Ridge Drive	
		Suite 103-104	☐ Remove
		Coral Springs, Florida 33351	☐ Change
MGR	Alex Anta	3650 Coral Ridge Drive	
-		Suite 103-104	☐ Remove
		Coral Springs, Florida 33351	☐ Change
			Add
			☐ Remove
			☐ Change
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an effective date is lis	her than the date of filing:	of filing or more than 90 days after filing.) Pursuant to 6	05.020
lote: If the date ins ocument's effective	erted in this block does not meet the applicable standard on the Department of State's records.	atutory filing requirements, this date will not be li	isted a
	es a delayed effective date, but not an ϵ fter the record is filed.	effective time, at 12:01 a.m. on the ear	lier (
THE SULL day a	iter the record is filed.		
ated	3.3 2017		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00