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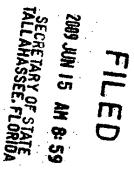
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| Special Instructions to | Filing Officer: | | | | |
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Office Use Only



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A. LUNT
JUN 1 7 2009
EXAMINER

. COVER LETTER

| Division of Corpo | rations | | | | |
|-------------------------------|--|---|--------------------------------------|----------------|--|
| SUBJECT:ELITA | A'S EMBROIDER' | Y & PHOTO CRYS | TALS, LLC | | |
| SCHOLET | | ited Liability Company | , | | |
| | | | | | |
| The enclosed Articles of An | nendment and fee(s) are sub | omitted for filing. | | | |
| | | _ | | | |
| Please return all correspond | ence concerning this matter | to the following: | | | |
| | | | | | |
| | *** · · · · · · · · · · · · · · · · · · | ELITA D LUZZI | | | |
| | | Name of Person | | | |
| | ELITA'S EMBROIDERY & PHOTO CRYSTALS, LLC | | | | |
| | Firm/Company | | | | |
| | | 2522 CM/ ADMEV CT | | | |
| | 2533 SW ABNEY ST Address | | | | |
| | | 1144,000 | | | |
| | PORT ST LUCIE, FL. 34953 | | | | |
| | City/State and Zip Code | | | | |
| - | elitas_embroidery@bellsouth.net E-mail address: (to be used for future annual report notification) | | | | |
| | E-mail address: (| to be used for future annual repor | rt notification) | | |
| For further information cond | cerning this matter, please o | call: | | | |
| ELITA | A D LUZZI | at (772) | 879-4309 | | |
| Name of Pe | erson | Area Code & E | 879-4309 Daytime Telephone Number | <u> </u> | |
| | | | | | |
| Enclosed is a check for the f | ollowing amount: | | | | |
| ▼ \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is end | closed) Certified | te of Status & | |

MAILING ADDRESS:

TO:

Registration Section

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

ELITA'S EMBROIDERY & PHOTO CRYSTALS, 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 Liab Florida document number L090000372 | | 04/16/2009 | and assigned |
|--|--------------------------------------|--------------------------|----------------------|
| This amendment is submitted to amend the follow | ving: | | |
| A. If amending name, enter the new name of t | he limited liability company here: | | |
| | | 70 | - 23 |
| The new name must be distinguishable and end with "L.L.C." | the words "Limited Liability Company | " the designation | Con the abbreviation |
| Enter new principal offices address, if applicat | ole: | AS: | |
| (Principal office address MUST BE A STREET | ADDRESS) | <u> </u> | > m |
| | | S. Carrier | 3 0 |
| | | PATE N | S. |
| Enter new mailing address, if applicable: | | N. Divi | • |
| (Mailing address MAY BE A POST OFFICE BO | OX) | | |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | records, <u>enter th</u> | e name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | | , Florida | |
| | City | | Zip Code |
| New Registered Agent's Signature, if changing Re | gistered 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title Name** Address **Type of Action** MGRM Elita D Luzzi 2533 SW Abney St, ✓ Add Port St Lucie, Fl. 34953 Remove Remove ☐ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Correcting the Authorized representative of a member from Frank Luzzi to Elita D. Luzzi June 06 2009 Dated _ Signature of a member of authorized representative of a member **ELITA D LUZZI**

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00