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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

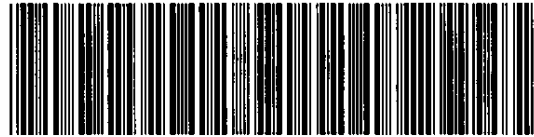
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. LUNT

JUN 17 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ELITA'S EMBROIDERY & PHOTO CRYSTALS, 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:

ELITA D LUZZI

Name of Person

ELITA'S EMBROIDERY & PHOTO CRYSTALS, LLC

Firm/Company

2533 SW ABNEY ST

Address

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)

For further information concerning this matter, please call:

ELITA D LUZZI

Name of Person

at ( 772 )

879-4309

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



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>
MGRM	Elita D Luzzi	2533 SW Abney St. Port St Lucie, FL 34953	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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 TALLAHASSEE, FLORIDA

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

Dated June 06, 2009



Signature of a member or authorized representative of a member

ELITA D LUZZI

Typed or printed name of signee