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FEB 2 8 2012

EXAMINER



900220557109

02/27/12--01022--029 **30.00

SECRETARY OF STATE

COVER LETTER

TO: Registration Sect Division of Corpo	
SUBJECT: Ele	ments leaving concepts, LLC Name of Limited Liability Company
The enclosed Articles of Ar	nendment and fee(s) are submitted for filing.
Please return all correspond	lence concerning this matter to the following:
	Name of Person
	Name of Person
	Elemente Cleaning Concerts, LC
	Firm/Company
	1007 Bay Drive E. # 206
	Address
	Miami Beach, FL 33141
	City/State and Zip Code
	Thollowelle Elements cleaning com E-mail address: (to be used for future annual report notification)
	cerning this matter, please call:
Tammy	erson at (186) 376 - 0716 Area Code & Daytime Telephone Number
Name of P	Area Code & Daytime Telephone Number
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

E Lements Cle		, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our reciability Company)	ords.)		
The Articles of Organization for this Limited Liability Company				
Florida document number <u>L10000058472</u> .		12 FEB		
This amendment is submitted to amend the following:	27			
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and end with the words "Limit "L.L.C."				
Enter new principal offices address, if applicable:	1007 Bay D	DeWE E. #206		
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach	· FL 33141		
Enter new mailing address, if applicable:	1007 Bay T	Drive E. # 20%		
(Mailing address MAY BE A POST OFFICE BOX)	MIDMI BEGG	b, FL 33141		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
***************************************	, Flo	orida		
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Momber being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Maria Gaviria	1007 Bay Drue E. #201 MIDMI Beach, FL 33141	Add Remove
MGR	I lias FINKKa	MIDMI BEACH, PL 33141	Add Remove
<u></u>			Add Remove
			Add Remove
·			Add Remove
. ,			Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
			-
	1-21 21st 201		- -
Dated	11 ESICARY 21 , 201	. Lower authorized representative of a member	-
	Tammu	Hollowell	
•	Typed o	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00