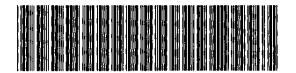
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C. LEWIS

APR 1 2011

EXAMINER

COVER LETTER .

Division of Corporations
SUBJECT: Elegant Creations by Sisters "LLC". Name of Limited Liability Company
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:
Cynthia Boston-Thompson Name of Person
Elegent Creations by Sisters, "LLC"
1913 SW TAUVUIS Lane
Address
Port Saint Lucie, -F1 34984 City/State and Zip Code CCC SONShine a bell south net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cynthia Boston-Thompson at (561) 281-0234 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S50.00 Filing Fee & Certificate of Status} \text{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

PAT MAR 34 PM 48 PM

by Sisters "LANGETARY OF STATE
y as it now appears on our records.) iability Company)
were filed on 38201 and assigned
lity company here:
ed Liability Company," the designation "LLC" or the abbreviation
1 Jane
ice address on our records, <u>enter the name of the new</u> :
Aance /A/A
Enter Florida street address
City Zip Code
i

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mai MGRM = M	nager Ianaging Member				
<u>Title</u>	Name	Address	Type of Action		
MGRM	trancine Burns	3406 34th Way West Parm Beach, Fl 3340	Add Aemove		
MGRM	Mary Boston	470 WB3rd St PIVLLIA BEACK, FI	Add Rémove		
MGRM	Cynthia Boston-Thompso	m 1913 SW TAUVUS Lane Port Saint Lucie FI 34984	Add		
MGRM	Frances Burns	3406 34th Way West Palm Beach FI	Add Add		
			Add Remove		
			Add Remove		
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)			
			TIES 34		
					
Dated	J3 23 11 Frances J. Burr	S CMSflin Joseph Wor authorized representative of a member,	In some		
	Trances L. Burn	or printed name of signee (2001)	mpson		
Page 2 of 2					

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Filing Fee: \$25.00