| (Requestor's Name) (Address) | |
|-----------------------------------------------------------|--------------------------|
| (Address) | 700342764707 |
| (City/State/Zip/Phone #) | 04/17/2001012012 **25.00 |
| (Business Entity Name) | |
| (Document Number) Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | 2. 5. 7. |
| 556 Office Use Only | 2 |



2029.000012:43

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 29, 2020

LAUREN TURCHIN 4035 N. MERIDIAN AVE APT #301 MIAMI BEACH, FL 33140

SUBJECT: ELTY, LLC. Ref. Number: L13000062860

We have received your document for ELTY, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 720A00008899

www.sunbiz.org

Corvected Furw

| TO: | Registration Section |
|-----|--------------------------|
| | Division of Corporations |

ELTY, LLC. SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lauren Turchin ELTY, LLC. Firm/Company 4035 N. Nevidian Ave Apt#301 MIANII BEACH, FL 33140 City/State and Zip Code Laurenturching yahoo. Cal E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wren Turchinat (305)389 - 8204Name of PersonArea Code & Daytime Telephone Number

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

□ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

Lo already sent a check in

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability computing statement in order to change its register Δ office or registered agent, or both, in the State of Flori

| | ime |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| | ddress of limited liability company MAY BE POST OFFICE BOX |
| PM 4035 N. Meridian Ave | |
| Mianii Brach, FL 33140 | |
| 7) MIGHT LEGCN/PL JJ/ | |
| / 04/29/2013 L130000 | 062860 |
| | ient number |
| (a) Lauren Turchin | |
| Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | |
| Same as above | ~` |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | |
| | · • |
| | r . |
| , FL | |
| · · · · · · · · · · · · · · · · · · · | |
| (b) Lauren Turchin | |
| 1 Allon Turbin | |
| (b) Lauren Turchin Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : | |
| (b) <u>Lauren Turchin</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>4035 N. Meridian Ave</u> . <u>NEW Registered Office Address</u> : | |
| (b) <u>Lauren Turchin</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>4035 N. Meridian Ave</u> . <u>NEW Registered Office Address</u> : | |
| (b) <u>Lauren Turchin</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>4035 N. Meridian Ave</u> . <u>NEW Registered Office Address</u> : | |

agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided i the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

<u>Auron</u> Turnir Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a 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 fut 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.

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00