

213000073138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

margaretha Laoretti gave
permission to reuse section
A of application. 9/13/2018
DS

Office Use Only



800315314398

07/09/18--01011--003 **25.00

SEP 13 PM 3:09

SEP 13

9/13/18 DS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 17, 2018

MARGARETHA B LAORETTI
10567 SW WHOOPING CRANE WAY
PALM CITY, FL 34990

SUBJECT: GITA'S SKINCARE STUDIO LLC
Ref. Number: L13000073138

We have received your document for GITA'S SKINCARE STUDIO 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):

Name unavailable, please choose another name. The document number of the name conflict is L18000161289.

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 818A00014647

2018 SEP 13 AM 9:46

2018 SEP 13 PM 3:09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gitas Skincare Studio

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:

Margaretha B Laoretti

Name of Person

Gita's Skin Care Studio

Firm/Company

10567 SW Whooping Crane Way

Address

Palm City, FL 34990

City/State and Zip Code

glaoretti@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margaretha Laoretti

954

520.1409

at (_____) _____

Name of Person

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Gitas Skincare Studio

(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 Liability Company were filed on 05/20/2013 and assigned
Florida document number L13000073138.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Amalore Elite LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

10567 SW Whooping Crane Way

(Principal office address MUST BE A STREET ADDRESS)

Palm City, FL 34990

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I am the owner of Nikkeva Elite LLC. Doc# L18000161289

I want to use the Nikkeva Elite LLC name, in stead of Gitas Skin Care Studio

I authorize that name change.

I would like to use the name:

AMALO ELITE LLC.

B. Margaretha B. Laoretti

E. Effective date, if other than the date of filing: 7/6/2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 13, 2018

Margaretha B. Laoretti

Signature of a member or authorized representative of a member

Margaretha B. Laoretti

Typed or printed name of signee