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SECRETARY OF STATE
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AUG 21 2013 D. BRUCE

## **COVER LETTER**

TO:

Registration Section

Division of Corporations

SUBJECT:

Lady of Elegance 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:

## Sharonda Jordan/Sade Smith

Name of Person

Ronde' Boutique

Firm/Company

2995 Mallory Cir Apt 10103

Address

Kissimmee, FL 34747

City/State and Zip Code

ladyeronde@gmail.com

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

For further information concerning this matter, please call:

Sade Smith

,,,443<u>,</u>690-4885

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)

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

Lady of Elegance LLC					
( <u>Name of the Limited L</u> (A F	iability Compa lorida Limited	ny as it now ap Liability Compa	pears on our rec	ords.)	
The Articles of Organization for this Limited Liab					igned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited lial	bility company	here:		
Ronde' Boutique LLC					
The new name must be distinguishable and end with 'L.L.C."	the words "Lim	ited Liability Co	mpany," the design	gnation "LLC" or the	abbreviatio
Enter new principal offices address, if applical	ble:	N/A			
(Principal office address MUST BE A STREET	ADDRESS)			78.00 ZO	
	•	· · ·		II AUG 21	******
Enter new mailing address, if applicable:	•	N/A		왕주 0	- <del> </del>
(Mailing address MAY BE A POST OFFICE BOX)			· · · · · · · · · · · · · · · · · · ·	2F S	£ 4 k
	٠			5: 05 JATE ORIDA	
B. If amending the registered agent and/or registered agent and/or the new registered offi			on our records	s, enter the name (	f the nev
Name of New Registered Agent:	N/A.			**:	
New Registered Office Address:	N/A				
			Enter Florida s	street address	
			, Fl	orida	
	<del></del>	City	<del></del> .	Zip Code	?
New Registered Agent's Signature, if changing Re	gistered Agent	<u>:</u>			

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 Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action	
			Add	
			Remove	
			<del></del>	
			Add	
			Remove	
		TAE:		
		AHASS	A C	
		mo	D #**	
		LORIDA	Si Add	
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). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• •	
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ated	<u>lugust 10 , 2013 .</u>
	Sharnda Jardan
	Signature of a member or authorized representative of a member
	Sharonda Jordan
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 AUG 20 PM 5: 05
SEURETARY OF STATE