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	Registration Se Division of Cor				
cum icz		Elegance LLC	•		
Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please rei	turn all correspo	ndence concerning this matter	to the following:		
		Ronny Cardona			
			Name of Person		
			Firm/Company		
		1914 N Dixie Highway			
			Address		
		Boca Raton, FL 33460			
			City/State and Zip Code		
		info@execelegance.com		· · ·	
			to be used for future annual report notif	ication)	
For furth	er information c	oncerning this matter, please ca	ill:		
Ronny C	Cardona		561 6745621		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for th	ne following amount:			
\$25.0	00 Filing Fec	□ \$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

Executive Elegance LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records. nited Liability Company))
The Articles of Organization for this Limited Liability Com Florida document number L14000154278	apany were filed on October 2nd, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
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:		
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	7. 5. 68
Enter new mailing address, if applicable:		SEP 21
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Pla-	-ido
 -	, Flor	rida 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>	Type of Action
AMBR	Ronny Cardona	1914 N Dixie Highway	
		L. W. at 57 22460	Add
		Lake Worth, FL 33460	■ Remove
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			Change Change Change Add Remove
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of it is the date inserted in this block does not meet the applicable startment's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an ef ne 90th day after the record is filed.	fective time, at 12:01 a.m. on the ear
ed September 14th 2018	
September 14th 2018 Signature of a member or authorized re	<u>; </u>