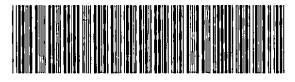
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	(Requestor's Name)
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Certified Copies	
Special Instruction	is to Filing Officer:
	Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 22, 2017

ELISE GREEN 1121 SKIFF PL SANIBEL, FL 33957

SUBJECT: ELISE PORTER-DEAN, LLC

Ref. Number: L15000107785

We have received your document for ELISE PORTER-DEAN, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by

one person acting as an authorized representative. I have signed. Thank
If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 517A00023731

www.sunbiz.org

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJE	CT:{	EUSE POR	TER-DEAN, L	LC
_		Name of	Limited Liability Company	<del></del>
The enc	" losed Articles o	f Amendment and fee(s) are	submitted for filing.	
		ondence concerning this ma		
	)   	Eli	Se Green Name of Person	
	)			
	<b>,</b>	Elis	e Green, LLC Firm/Company	
			· ·	
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	 	E-mail addre	City/State and Zip Code  PUYAN ASCII WITH  Ses (10) be used for future annual report not	7 Jise @ gmail, com
For furt	; her information	concerning this matter, plea		
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		C GYLLA of Person	at ( <u>237)</u> 834 Area Code Daytin	-8300
	Name	or reison	Area Code 17ayiii	K receptione redunct
	n n	the following amount:		
<b>⊠ \$</b> 25	.00 Filing Fee	\$30,00 Filing Fee & Certificate of Statu	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		LING ADDRESS: stration Section	STREET/COUR Registration Section	

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELISE PORTER-DEAN, LLC

(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 Lial	bility Company w	ere filed on <u>JUN</u>	22, 2015	and assigned
Florida document number <u>L15000107</u>	785.		,	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	ha limited liabili	ty aominany honor		
	/ /	ty company nere.		ကြုံး မွှာ ကြုံး
Elise Green, L				
The new name must be distinguishable and contain the wor	rds "Limited Liability	Company," the designation	on "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicat	ble:	1/21_3	KIFF T	Place _
(Principal office address MUST BE A STREET	ADDRESS)	Sanib	el, FL	3395-7
The spar office man ess most DE H St NEEL	110011001		<del></del>	
T.				
<u> </u>				
Enter new mailing address, if applicable:			<del></del>	
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			
	•			
B. If amending the registered agent and/or	r registered offic	e address on our i	records, <u>enter_tl</u>	ne name of the new
registered agent and/or the new registered office			<del></del>	
		/·· ^		
   Name of New Registered Agent:	1	Elise Gre	'an	
1	1101 50:	CC Dlace	2a	
New Registered Office Address:	114 00	TT Flace	(A)	
	c F.	Enter Florida stree	d address	7200-7
'' 	an	IDCI	, Florida	2515t
	_	City		Zip Code
New Registered Agent's Signature, if changing Re	gistered 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 **Type of Action** <u>Title</u> **Address** Name \_□ Add ☐ Remove ☐ Change □ Add

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fecti	ve date, if other than the date of filing:	5.0207
ote:	I the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listently effective date on the Department of State's records.	ed as
cume	the creedive date on the Operation of State 8 records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	er of
The	90th day after the record is filed.	
ated _	November 30 . 2017	
	By Clather Day	
	Signature of a member or authorized representative of a member	
	Elise Porter Dean	

Page 3 of 3

Filing Fee: \$25.00