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TASSEE FLOWIDA

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COVER LETTER

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BRADLE SUBJECT:	Y C. AUSTIN, OD, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	Bradley C. Austin		
		Name of Person	
		Firm/Company	
	18412 TAPESTRY LAKE	CIR #204	
	Lutz, FL 33548	Address	
	bcaodlle@gmail.com	City/State and Zip Code	<u>.</u>
	E-mail address: (t	o be used for future annual report not	tification)
For further information	concerning this matter, please ca	II:	
Bradley C. Austin		954 696-3288 at ()	
Name	of Person	Area Code Daytir	ne 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

TO:

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

BRADLEY C. AUSTIN, OD, LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan	y were filed on 06/29/2015 and assigned
Florida document number L15000111860	温温品で
This amendment is submitted to amend the following:	bility company here:
A. If amending name, enter the new name of the limited lia	bility company here:
EVELLE Elevate Your Existence, LLC The new name must be distinguishable and contain the words "Limited Liab	<u> </u>
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	3056 Satilla Zoop Odessa, FL 33556
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, <u>enter the name of the new</u> re:
Name of New Registered Agent:	
New Registered Office Address: 3056	Satilla Zoop Enter Florida street address
	20.5

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.

f 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 of removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u> Vistian Lin	Address	Type of Action
AMBR		=204	■ Add
		Lutz: PL 33548	Remove
			☐ Change
AMBR	Yi-Han Austin	3056 Satilla Zoop, Odessa	FL 33556 Add
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			☐ Change
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			Remove
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			□ Remove
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ective date, if other	r than the date of filin	g:	(0	ptional)
r effective date is listed,	the date must be specific and	d cannot be prior to date o	of filing or more than 90 days a tutory filing requirements,	ifter filing.) Pursuant to 605.0
	e on the Department of S			
	a delayed effective or the record is filed.		ffective time, at 12:0	1 a.m. on the earlier
ed Octo	ber 26	2018	December	13,2018
- + I	0/	2018	December	13,2018

Page 3 of 3

Filing Fee: \$25.00