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SECRETARY OF STATE
TALLAHASSEE, FL

JSR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE ELEGANT BLACK PEARL 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:

PEARL L BETTS

Name of Person

ELITE BLACK PEARLS LLC

Firm/Company

10450 Turkey Lake Road Box #690146

Address

Orlando, Florida 32869

City/State and Zip Code

misspearl72@yahoo.com

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

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TALLAHASSEE, FL

For further information concerning this matter, please call:

PEARL L BETTS

407

868-7049

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

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

THE ELEGANT BLACK PEARL, 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 Liability Company were filed on April 6, 2016 and assigned
Florida document number L16000067630.

This amendment is submitted to amend the following:

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

ELITE BLACK PEARLS 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:

(Principal office address MUST BE A STREET ADDRESS)

455 Douglas Avenue

Suite 21551

Altamonte Springs, Florida 32714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10450 Turkey Lake Road

Box #690146

Orlando, Florida 32869

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.

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TALLAHASSEE, FLORIDA

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>
AMBR	ORVIE B BAKER JR.	POST OFFICE BOX 26982	<input type="checkbox"/> Add
		FAYETTEVILLE, NC 28314	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FL

2021 AUG -4 PM 2:11
SECRET
STATE
TALIAFERRO

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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.

Dated JULY 16 2021

Pearl L. Bitts
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

PEARL L BETTS

Typed or printed name of signee

Filing Fee: \$25.00