

5/9/23, 3:54 PM

Division of Corporations

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Florida Department of
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GOMES INSURANCE & ACCOUNTING CORP
Account Number : I28280000161
Phone : (954)531-1451
Fax Number : (954)697-0677

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ELIANA'S FASHION LLC

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2023 May 9 PM 1:58

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T. LEMIEUX

MAY 10 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELIANA'S FASHION 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:

PAULO GOMES

Name of Person

GOMES INSURANCE & ACCOUNTING CORP

Firm/Company

240 LOCK ROAD

Address

DEERFIELD BEACH, FL 33442

City/State and Zip Code

paulo@gomesins.com

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

For further information concerning this matter, please call:

PAULO GOMES

954

832-2360

Name of Person

at (

_____) 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
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. 1st St., Suite 200
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELIANA'S FASHION 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 04/26/2016 and assigned
Florida document number 116000081580

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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.

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>	<u>Type of Action</u>
MGR	GUSTAVO BOECHAT	4729 NW 4TH AVE	☐ Add
		DEERFIELD BEACH, FL 33064	☒ Remove
			☐ Change
MGR	THARSIS ANDRADE	720 SW 10TH ST	☒ Add
		DEERFIELD BEACH, FL 33064	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Remove
			☐ Change

