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PICK-UP WAIT MAIL				
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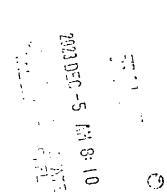




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12/18/23



COVER LETTER

Div	ision of Corp	oorations				
CHRIFCT:	ELIANA'S I	FASHION LLC				
SUBJECT:Name of Limited Liability Company						
The analysis	1 Actiolog of A	Amendment and fee(s) are sub-	mitted for filing			
Please return	ali correspor	ndence concerning this matter	to the following:			
		ELIANA DOS SANTOS				
Name of Person						
ELIANA'S FASHION LLC						
Firm/Company						
4740 NE 2ND WAY						
Address						
POMPANO BEACH, FL 33064						
City/State and Zip Code						
eliana_csantos@icloud.com E-mail address: (to be used for future annual report notification)						
Eve fuetbor i	nformation as	meerning this matter, please co		(Cation)		
		meerining this matter, prease et				
ELIANA DOS SANTOS		754 292-9020 at ()	Telephone Number		.,	
	Name of	Person	Area Code Daytime	Telephone Number	IM3 DEC -	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Enclosed is	a check for th	e following amount:			ىلى تىرى	· .
□ \$25.00 I	Filing Fee	∑ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ling Fee, te of Status & Copy (Status & Copy is enclosed)	G

Mailing Address:

TO:

Registration Section

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. Monroe Street, Suite 810 Tallahassee, FL 32303

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 $\frac{04/26/2016}{}$ _____ and assigned Florida document number L16000081580 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 "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) 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

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.

City

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>	Address	Type of Action
MGR	THARSIS ANDRADE	720 SW 10TH ST	
		DEERFIELD BEACH FL 33064	≡ Remove
		4740 NE 2ND WAY	□ Change
MGR	Gustavo Dos Santos Boechat	POMPANO BEACH FL 33064	≣ Add
			□ Remove
			□Change
			🗆 Add
			Remove
			Change .
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ELIANA DOS SANTOS			and the state of t		