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. (Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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16 NOV 22 PN 3: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA

D. SCOTT NOV 2 2 2016

COVER LETTER

Division of Corporations		
SUBJECT: Elegant	Coctetails,	LLC
- 3	Name of Limited Liability Con	mpany

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Consuelo F. Hidalgo	_4 .
Name of Person	∑K 6
Elegant Coctails, uc	NOV 22
15075 SW 137th St, Unit # 12	PR STA
Miani, FL 33196	32 IDA
City/State and Zip Code Consuelo @ elegantcocktails. E-mail address: (to be used for future annual report notification)	com

For further information concerning this matter, please call:

Consuelo	Ł.	Hidala	5 .	at (786	395-6339
Name of P		C	, –	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

TO:

Registration Section

□ \$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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elegant Cockto	zils, LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	v as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company w	vere filed on 10/03/16 a	nd assigned
Florida document number <u>L16 000184158</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviati	ion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	10	o . ≠ "
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
		22
B. If amending the registered agent and/or registered offi	ice address on our records enter the n	afine 28 the new
registered agent and/or the new registered office address here:		$=$ ω
	Re	H 33
Name of New Registered Agent:		-
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Code
	City Zip	Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p	to act in this capacity. I further agree to	comply with the
accept the obligations of my position as registered agent as pr	rovided for in Chapter 605, F.S. Or, if this	document is
being filed to merely reflect a change in the registered office a	iddress, I hereby confirm that the limited l	liability

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	Name	Address	Type of Action
MER	Rolando Hidalgo	13420 SW 26th Terra	LCE_□ Add
		Miami, FL 33175	☐ Remove
			Change
			Remove
			□ Change
			Add
			Remove
			Change
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			FILE TIMERENTIAN STREET
			Charge O
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	specifies a c th day after t			e, but no	t an effec	tive time,	at 12:01 a	a.m. on the	earlier
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Page 3 of 3

Filing Fee: \$25.00