## L17000249512

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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Elainas Luxury Poutique 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:				
Charity Jones Name of Person				
Firm/Company				
1451 Dixie Way Address				
Sanford, FL 32771				
Sanford, FL 32771  City/State and Zip Code  CCJONES 32@GMail. (0:m  E-mail address: (to Be used for future annual report notification)				
For further information concerning this matter, please call:				
Charity Jones au 407, 416-0029				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Solution Sol				
Mailing Address: Street Address:				
Registration Section Registration Section				
Division of Corporations  Division of Corporations				
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company		PIL EN
Florida document number <u>L17000249512</u>		- データー - 一
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liable limited liable limited liable limited liable	<del></del>	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1451 Dixie Way	
(Principal office address MUST BE A STREET ADDRESS)	Sanford FL 327	71
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 470485 Lake Monrol, Fl 3	2747
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the na	me of the new registered
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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed fr	om our records:		
MGR = Mai AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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E. Effective date, if other than the date of filing:	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a record is filed.	fter the
Dated	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	

Filing Fee: \$25.00

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lidocument's effective date on the Department of State's records.	05.0207 (3)(b sted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afrecord is filed.	ter the
Dated March 28, 2002	
Signature of a member or authorized representative of a member	
Charity Jones	
Typed or printed name of signee	

Filing Fee: \$25.00