## 117000264590

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## **COVER LETTER**

Division of Co		nar- pr		
Freaky El SUBJECT:	ements, LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Brittany Holland			
		Name of Person		
	<del></del>	Firm/Company	<del> </del>	
	3414 Prock Drive			
	Tallahassee, FL, 32311	Address		
	elementsofshanti@gmail.co		<del> </del>	19 FE
r c		to be used for future annual report notific	ration)	8 07 07 07 07 07 07 07 07 07 07 07 07 07
Brittany Holland	concerning this matter, please c	aii: 850 445-1245 at ( )		OF STA
Name	of Person		Felephone Number	ATIONS 27
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 St Certified Copy (additional copy is a	atus &

MAILING ADDRESS:
Registration Section

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

Freaky Elements, LLC

13 FTO 13 PM 4: 27 (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 12/29/17 and assigned Florida document number L17000264590 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Elements of Shanti, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 3414 Prock Drive Enter new principal offices address, if applicable: Tallahassee, FL 32311 (Principal office address MUST BE A STREET ADDRESS) 3414 Prock Drive Enter new mailing address, if applicable: Tallahassee, FL 32311 (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: 3414 Prock Drive New Registered Office Address: Enter Florida street address Tallahassee , Florida <u><sup>32311</sup></u> City

## 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>	Address	Type of Action
			Add
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		Change	
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		Add	
		Remove	
			□ Change

<i>.</i>	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:  [Optional]  (optional)  (flective 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 605.0207 (3)  (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	February 8th 2019
	Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00