## 4800107603

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## **COVER LETTER**

Div	ision of Corpo	orations					
SUBJECT:	Elite Designs	s By Monique, LLC					
3000001.	<u> </u>	Name of Limit	ed Liability Company				
•							
The enclosed	d Articles of A	mendment and fee(s) are subm	nitted for filing.				
Please return	all correspond	lence concerning this matter to	o the following:				
		Sandra Monique Bryant					
	Name of Person						
	Monique's Elite Events, LLC						
	Firm/Company						
		3180 NW 5th Street					
	Address						
		Lauderhill, FL 33311					
	City/State and Zip Code						
		E-mail address: (to	be used for future annual report notificat	tion)			
For further i	nformation cor	ocerning this matter, please cal	l:				
Sandra Mo	nique Bryant		954 560-0736				
	Name of Limited Liability Company  I Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  Sandra Monique Bryant  Name of Person  Monique's Elite Events, LLC  Firm/Company  3180 NW 5th Street  Address  Lauderhill, FL 33311  City/State and Zip Code  moniqueseliteevents@outlook.com  E-mail address: (to be used for future annual report notification)  information concerning this matter, please call:  nique Bryant  Name of Person  Area Code  Daytime Telephone Number						
Enclosed is	a check for the	following amount:					
			Certified Copy	Certificate of Status & Certified Copy			

MAILING ADDRESS:

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TO:

**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

( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
	vere filed on 4/30/2018	and assigned
orida document number L18000107603  his amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  onique's Elite Events, LLC  he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  The new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name existered agent and/or the new registered office address here:  Name of New Registered Agent:		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Monique's Elite Events, LLC		
he new name must be distinguishable and contain the words "Limited Liabilit	y 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)		<b>35 88</b>
		JU IONE
		6
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		ST SE
		- 0 H 10 H 11 H 11
		<b>9</b> 55
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		r the name of the
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>	Address	Type of Action
AMBR	Leroy Bryant	3180 NW 5th Street	<b>=</b> Add
		Lauderhill, FL 33311	<b>D D</b>
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Typed or printed name of signee

Filing Fee: \$25.00