L19000115222

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COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	and A Ve	ntures, LLC.	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	an	ISSA LYNN HOU Name of Person	ward
	 	Firm/Company	
	11401 Dr	. MLK Jr. St.	v Apt. 306
	St. Peter Elsie Irene E-mail address: (Sburg, Fl. 33- City/State and Zip Code Boutique and Toportunoiff to be used for future annual reportunoiff	716 nail-com
For further information c	oncerning this matter, please co		
Anissa Name o	Howard	at (<u>352</u>) <u>287 –</u> Area Code Daytime	9615 Telephone Number
Enclosed is a check for the	ne 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 Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
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Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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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

and A Vent	tures, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now/appears on our records.) Liability Company)	<i>ب</i>
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L1900015222}{}$.	were filed on 4/29/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Elsie Irene, LLC. The new name must be distinguishable and contain the words "Limited Liabil		8: 18
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Jr.St.N
Enter new mailing address, if applicable:	Same as above	<u>↑</u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	7.0
	Ciņ·	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:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Jessica Recd	1230 16th Ave N	□Add
		St. Petersburg, F1.33	3704 Remove
			□Change
			□Add
			□Remove
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an effe ote:	ve date, if other than the date of filing:
record is file	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ited_	11/06/2020 . 11:07am
	Signature of a member or authorized representative of a member
	Anissa Howard Typed or printed name of signee

EU E 655.00