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S. YOUNG

## **COVER LETTER**

Div	ision of Corp	porations		
SUBJECT:	Dipped In E	Elegance, LLC		
		Name of Lim	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	i all correspoi	ndence concerning this matter	to the following:	
		Christopher L. Gloster Jr.		·
			Name of Person	<del></del>
		Dipped In Elegance, LLC		
			Firm/Company	<del></del>
		2618 Central Ave.		
			Address	
		Fort Myers, FL 33901		
			City/State and Zip Code	
		pluggedinent@yahoo.com		
		E-mail address: (	to be used for future annual report notifi	ication)
For further in	nformation ec	oncerning this matter, please co	all:	
Christopher	L. Gloster Jr		239 237-6163	
<u> </u>	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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 ADDRESS:

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

Dipped In Elegance, LLC (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 May 6, 2019 and assigned Florida document number L19000122307 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Djennie Norvilus Name of New Registered Agent: 4333 Bellaria Way, Apt 547 New Registered Office Address: Enter Florida street address Fort Myers 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>	<u>Address</u>	Type of Action
AR	Djennie Norvilus	4333 Belluria Way, Apt 547	
		Fort Myers, FL 33916	
			□ Remove
			■ Change
			Add
			Remove
		<del> </del>	Change
			□ Add
			☐ Remove
		<del></del>	Change
			Remove
			Change
<u>-</u>			
			Remove
			☐ Change
			□ Remove
			□ Change

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 605.020  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ((b) The 90th day after the record is filed.
Dated Argust 72 2019  Signature of a member of authorized representative of a member
Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member  Christopher L. Gloster Jr.

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Typed or printed name of signee

Filing Fee: \$25.00