

419000-182603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

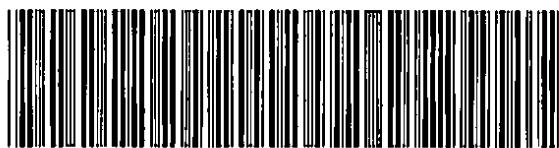
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



000331553830

07/19/19--01012--031 **25.00

2019 AUG - 8 P 5:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 09 2019
T. LEMIEUX

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Clive's Banquet Hall
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:

LaToya Diah

Name of Person

Elegance Banquet Hall

Firm/Company

2812 SW 85th Avenue

Address

Miramar, FL 33025

City/State and Zip Code

latoya@elegancebanquethall.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LA TOYA DIAH

Name of Person

734-581-5911

Area Code

Daytime Telephone Number

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 Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2019

LATOYA DIAH
2812 SW 85 AVE
MIRAMAR, FL 33025

SUBJECT: CLIVE'S BANQUET HALL
Ref. Number: 000331553830

We have received your document for CLIVE'S BANQUET HALL and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is no LLC file with this name. — *It's now active
please see EIN: 84-25587*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 919A00015251

7/19 AUG - 3 PM 12:57

RECEIVED
LIAISON

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CLIVE'S BANQUET HALL, 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 SAT. 7/13/19 ^{2019 AUG -8 P 5:16}
Florida document number 84-2558722 ^{SECRETARY OF STATE} ~~AND STATED~~
^{TALLAHASSEE, FLORIDA}

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Elegance Banquet Hall, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Same as before

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Same as before

(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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

City

Florida

N/A

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.

N/A

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NO OTHER CHANGES.

E. Effective date, if other than the date of filing: Immediately (optional)
(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 603.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
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 of:
(b) The 90th day after the record is filed.

Dated August 5th, 2019



Signature of a member or authorized representative of a member

LATOYA DIAH

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

→ previously
submitted.