## 119000227004

(Req	uestor's Name)	
(Addi	ress)	
(Add	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	1
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



800399106018

01/03/23--01033--005 \*\*25.60

3/15/23 VLAJ 2023 JAN -3 PM 2: 37

## **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

MMS ONLINE ENTERPRISES LLC SUBJECT: 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: Melissa Sinclair Name of Person Firm/Company Address City/State and Zip Code melmaysin1986@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Melissa Sinclair 856-0868 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MMS ONLINE ENTERPRISES LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 09/05/2019	and assigned
Florida document number 1.19000227004		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ELLE CA VA BOUTIQUE LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	
Enter new principal offices address, if applicable:	-	2023 S 100
Principal office address MUST BE A STREET ADDRESS)		
		TA RY OF MANAGER
		Y OF T
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street addres:	s
	<del> </del>	orida
	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:

or removed from our records.		
MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		□Add	
			□Remove
		<u> </u>	□Change
			□Add
		Remove	
	<del></del>	Change	
		□Add	
		🗀 Remove	
		□Change	
			□Remove
			□Change

If an et Note:	tive date, if other than the date of filing:
docur	
docur e reco	rd 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 filed.
docur e reco rd is f	December 27 2022
docur ne reco ord is f	December 27 2022
docur ne reco ord is f	iled.