## L19000264521

| (Rec                      | questor's Name)   | <del>.</del> |
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| (City                     | //State/Zip/Phone | e #)         |
| PICK-UP                   | ☐ WAIT            | MAIL         |
| (Bus                      | iness Entity Nan  | ne)          |
| (Doc                      | cument Number)    |              |
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2022 SEP 13 FII I; 15

A. BUTLER
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## **COVER LETTER**

| Division of Corp            | porations                                       |   |   |
|-----------------------------|---|---|---|
| Kit & Kit D                 | esign, LLC                                      | ,   | •   |
| SUBJECT:                    | Name of Limi                                    | ted Liability Company   |   |
| The enclosed Articles of    | Amendment and fee(s) are sub                    | mitted for filing.  |   |
| Please return all correspo  | ndence concerning this matter                   | to the following:   |   |
|                             | Carnette Urayan                                 |   |   |
|                             |   | Name of Person  |   |
|                             |   | Firm/Company  |   |
|                             | 8447 Lovett Ave.                                |   |   |
|                             |   | Address   |   |
|                             | Orlando, Florida 32832                          |   |   |
|                             |   | City/State and Zip Code   |   |
|                             | carnetteu@gmail.com                             | <u></u>   |   |
|                             | E-mail address: 0                               | to be used for future annual report notif                           | fication)   |
| For further information c   | oncerning this matter, please ca                | all:  |   |
|                             |   | at (  |   |
| Name o                      | f Person  | at ()<br>Area Code Daytime  | e Telephone Number  |
| Enclosed is a check for the | he following amount:                            |   |   |
| □ \$25.00 Filing Fee        | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

Mailing Address:

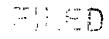
TO: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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



2022 SEP 13 PH 4: 15

| ( <u>Name of the Limited Liabil</u><br>(A Florid                | da Limited Liability Company)   |
|---|---|
| The Articles of Organization for this Limited Liability (       | Company were filed on October 22,2019 and assigned                            |
| Florida document number L19000264521                            | ·   |
| This amendment is submitted to amend the following:             |   |
| A. If amending name, enter the new name of the lin              | mited liability company here:   |
| Elledest, LLC   |   |
| The new name must be distinguishable and contain the words "Lir | imited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:             |   |
| (Principal office address MUST BE A STREET ADD                  | DRESS)  |
|   |   |
| Enter new mailing address, if applicable:                       |   |
| (Mailing address MAY BE A POST OFFICE BOX)                      |   |
|   | red office address on our records, enter the name of the new reg              |
| agent and/or the new registered office address here:            | <b>;</b>  |
| 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:

Kit & Kit Design, LLC

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 | Mem |

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| fective   | date, if other than the date of filing:  |
|           | we 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 605.0207 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
|           | 's effective date on the Department of State's records.  |
|           |  |
|           | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the  |
| is filed. |  |
|           | Centernher 10 2020   |
| ated      | September 1. LOLIL.  |
|           |  |
|           | 7.101 A.Da   |
|           | Signature of a member or authorized representative of a member   |
|           | September 10 . 2022.  Signature of a member or authorized representative of a member  Carnette Urayan  |