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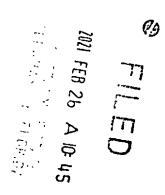
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## **COVER LETTER**

TO:

SUBJECT:    Elegant Decor By MLT		tistration Selision of Corp			
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:    Michelle Freeman	orib in on	Elegant Dec	or By MLT		
Michelle Freeman    Name of Person	SUBJECT:		Name of Lim	ited Liability Company	<del></del>
Michelle Freeman  Name of Person  Elegant Decor By MLT  Firm/Company  4238 NE 23rd Ave  Address  Cape Coral, FL 33909  City/State and Zip Code elegantdecornht@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Michelle Freeman  239 357-3676  Area Code Daytime Telephone Number  Enciosed is a check for the following amount:  □ \$255.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Street Address:  Registration Section	The enclosed	i Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Name of Person  Elegant Decor By MLT  Firm/Company  4238 NE 23rd Ave  Address  Cape Coral, FL 33909  City/State and Zip Code elegantdecormlt@gmail.com  F-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Michelle Freeman  Name of Person  Name of Person  Area Code  239  357-3676  Area Code  Daytime Telephone Number  inclosed is a check for the following amount:  S25.00 Filing Fee & S00.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section	Please return	all correspo	ndence concerning this matter	to the following:	
Elegant Decor By MLT    Firm/Company			Michelle Freeman		
Address  Cape Coral, FL 33909  City/State and Zip Code elegantdecormlt@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Michelle Freeman  239  357-3676  Area Code  Daytime Telephone Number  Inclosed is a check for the following amount:  S255.00 Filing Fee  S30.00 Filing Fee & Certificate of Status  Certificate Copy (additional copy is enclosed)  Mailing Address: Registration Section  Registration Section				Name of Person	<del></del>
Address  Cape Coral, FL 33909  City/State and Zip Code elegantdecorml(@gmail.com  F-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Michelle Freeman  Name of Person  Name of Person  Area Code  S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section  Registration Section  Address: Registration Section			Elegant Decor By MLT		
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Michelle Freeman  Name of Person  Area Code  Daytime Telephone Number  Senciosed is a check for the following amount:  Sencio	· · · · · · · · · · · · · · · · · · ·				neattony
Name of Person  Area Code  Daytime Telephone Number  Inclosed is a check for the following amount:  S25.00 Filing Fee  S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section  Street Address: Registration Section	For further ii	itormation co	oncerning this matter, please co		
Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	Michelle Fre	reman			
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$555.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status □ Certified Copy (additional copy is enclosed) □ Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section □ Section □ \$60.00 Filing Fee,  Certified Copy (additional copy is enclosed)		Name of	Person	Area Code Daytime	e Telephone Number
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Division of Corporations Division of Corporations	Registration Section Division of Corporations		Division of Cor	porations	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elegant Decor By MLT		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability		and assigned
	company were med on	
Florida document number 04-4647849		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	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 ADL	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		CD.
		2021
B. If amending the registered agent and/or register	ed office address on our records, enter the	e name of the new registere
agent and/or the new registered office address here		· ( 30
		26
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	5
	, Floric	do
	, riore	Zip Cade

## 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>	Address	Type of Action
AMBR	Michelle Freeman	4238 NE 23rd Ave Cape Coral, FL 33909	<b>=</b> Add
			□Remove
			☐ Change
MGR	DeShawnte Smith	913 Avondell Street Lehigh Acres, FL 33974	🗆 Add
			□ Remove
			🖬 Change
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ective date, if other than the d	ate of filing:			(optional)	
a effective date is listed, the date must be te: If the date inserted in this bloc	e specific and cannot be	prior to date of filing	gor more than 90 da	ys after filing.) Purs	uant to 605,020
cument's effective date on the Department	irtment of State's reco	ords.	ming requiremen	in the data	
ecord specifies a delayed effective of sfiled.	ate, but not an effecti	ve time, at 12:01	a.m. on the earlie	r of: (b)   The 900	n day after the
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Michel		カモトカイ	( li )		

Filing Fee: \$25.00