## L2000010022

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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O SIMMONS FEB 20 2020

## **COVER LETTER**

| TO:             | Registration Sect<br>Division of Corpo |  |  |  |
|-----------------|--|--|--|--|
| SUBJE           | ст:\_\У                                | ing Inna 1 Name of Lim                       | TO ELGA LLC ited Liability Company   |  |
| The enc         | losed Articles of A                    | mendment and fee(s) are sub                  | mitted for filing.   |  |
| Please r        | return all correspond                  | dence concerning this matter                 | to the following:  |  |
|                 |  | Shaniqu                                      | e Williams<br>Name of Person   |  |
|                 |  |  | Firm/Company   |  |
|                 |  | 2/5/ Wh                                      | THE Feather 100p   |  |
|                 |  | Sharlighte                                   | City/State and Zip Code  Color of Color | Y) ication)  |
| For furt        | her information cor                    | cerning this matter, please c                | all:   |  |
| <u>S</u> 1      | Name of I                              | Nillams<br>Person                            | "\ <u></u> "   | Telephone Number   |
|                 | ed is a check for the                  | tollowing amount:                            |  |  |
| ī <b>X</b> \$25 | 5.00 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:                       |  | Street Address:  |  |

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

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

| Living Inna  | Foreign LLC   |                                     |
|--|---|-------------------------------------|
| (Name of the Limited I.<br>(A.F  | FOR EIGH LUC<br>iability Company as it now appears on our re<br>Iorida Limited Liability Company) | ecords.)                            |
| The Articles of Organization for this Limited Liabil Florida document number L20000 [00 22         |   | 3, 2020 and assigned                |
| This amendment is submitted to amend the following   | ນຄົ:  |                                     |
| A. If amending name, enter the new name of the   | limited liability company here:   | 2020 JAN<br>2020 JAN                |
| The new name must be distinguishable and contain the words   | "Limited Liability Company," the designation  | LLC" or the abbreviation \\\.C.\.   |
| Enter new principal offices address, if applicable   |   | P                                   |
| (Principal office address MUST BE A STREET A   | DDRESS)   | 72 27                               |
| Enter new mailing address, if applicable:  |   |                                     |
| (Mailing address MAY BE A POST OFFICE BO)  | <u> </u>  |                                     |
| B. If amending the registered agent and/or regis agent and/or the new registered office address he |   | nter the name of the new registered |
| Name of New Registered Agent:  |   |                                     |
| New Registered Office Address:   | Enter Florida street aa   | ddress                              |
| _  |   | , Florida                           |
|  | 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:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name               | Address                    | Type of Action              |
|--------------|--------------------|----------------------------|-----------------------------|
| CEO          | Shariqiue Williams | 2151 white Feather loop    | □Add                        |
|              |                    | Oakland, FL 34187          | □Remove                     |
|              |                    | Change title from CEO to M | 16R XiChange                |
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|   | he date must be specific an                        | d cannot be prior to                         |                       |                    | filing.) Pu    |            |             |
| an effective date is listed, t<br>lote: If the date inserted  |  |  | ic statutory thing it | equirements, this  |                |            |             |
| an effective date is listed, to ote: If the date inserted ocument's effective date record specifies a delayer                                     | e on the Department of :                           | State's records.                             | ·                     |                    |                |            | after the   |
| an effective date is listed, to lote: If the date inserted ocument's effective date record specifies a delayed is filed.                          | e on the Department of : ed effective date, but no | State's records.                             | ·                     |                    |                |            | after the   |
| ffective date, if other an effective date is listed, to tote: If the date inserted ocument is effective date record specifies a delayed is filed. | e on the Department of a                           | State's records.  It an effective time  2020 | ·                     | the earlier of: (b |                |            | after the   |