

L20000011813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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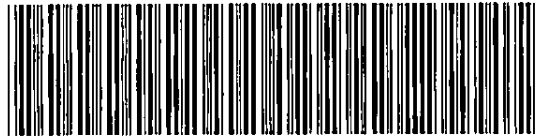
(Business Entity Name)

(Document Number)

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JUN 1 2023
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elizabeth Gifts LLC
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:

Elizabeth Cooper
Name of Person
Elizabeth Gifts LLC
Firm/Company
455 N. US Highway 41
Address
Ruskin, FL 33570
City/State and Zip Code
liz1353.ec@gmail.com
E-mail address: (to be used for future annual report notification)

TALLAHASSEE, FL

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For further information concerning this matter, please call:

Elizabeth Cooper at (941) 343-7058
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 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**

Elizabeth Gifts 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 01-07-2020 and assigned
Florida document number L20000011813.

This amendment is submitted to amend the following:

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

E. Cooper Gifts 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:

(Principal office address MUST BE A STREET ADDRESS)

455 N. US Highway 41

Buskin, FL 33570

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 96

Buskin, FL 33575 ec

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:

Elizabeth Cooper

New Registered Office Address:

455 N. US Highway 41

Enter Florida street address

Buskin

City

Florida

33570

Zip Code

Agent's Signature, if changing Registered Agent:

he appointment as registered agent and agree to act in this capacity. I further agree to comply with the statutes relative to the proper and complete performance of my duties, and I am familiar with and provisions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is solely reflect a change in the registered office address, I hereby confirm that the limited liability company is notified in writing of this change.

Elizabeth Cooper

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>
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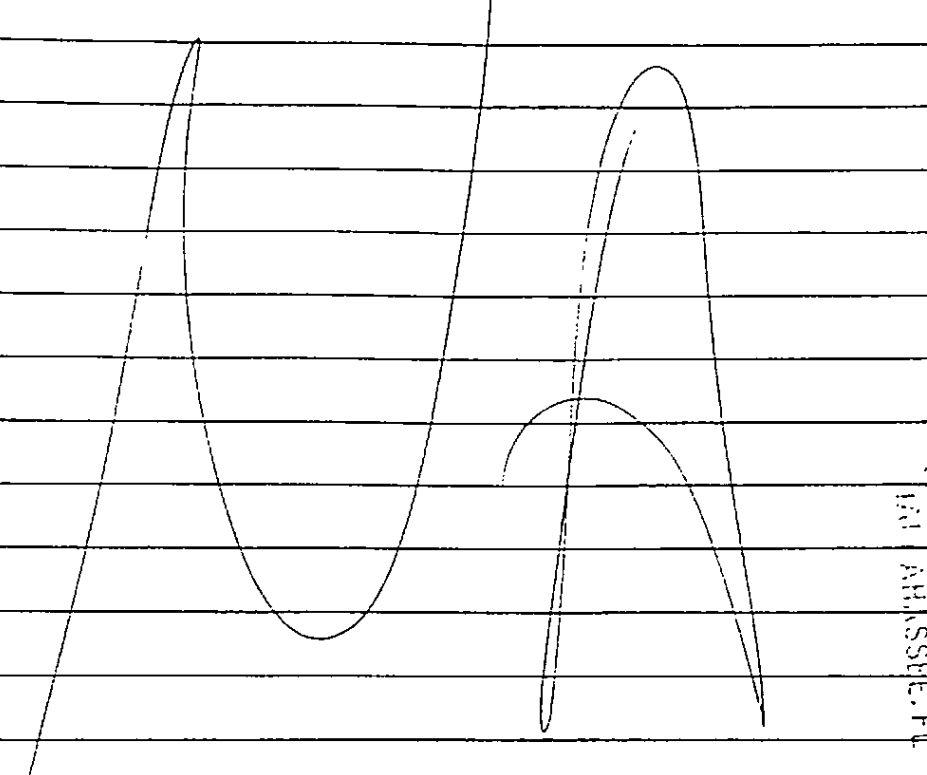
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TAMM HOSPITAL



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U.S. DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA



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.

Dated March 21, 2023

Signature of a member or authorized representative of a member

Elizabeth Cooper
Typed or printed name of signer