LZO 000150125

(Requestor's Name)
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LAA-120120

TO: Registration : Division of Co	
ELITE B	EAUTIQUE LLC
SUBJECT:	
	Name of Limited Liability Company
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.
Please return all corres	pondence concerning this matter to the following:
	Monika Reshef
	Name of Person
	Elite Beautique LLC
	Firm/Company
	6607 Camden Bay Dr, Apt 307
	Address
	Tampa/FL 33635
	City/State and Zip Code
	yreshef@outlook.com
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
Monika Reshef	813 5857116

■ \$25.00 Filing Fee

Mailing Address:

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

Name of Person

☐ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

Street Address:

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Daytime Telephone Number

☐ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

TO ARTICLES OF ORGANIZATION OF

ELITE BEAUTIQUE 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	and assigned
Florida document number L20000150125		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>~~~</u>
		720 h
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		2 2 3
		ġ J
		45
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, <u>ent</u>	er the name of the new reg
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
		Pladda
	City	FloridaZip 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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Act
AMBR	RESHEF, YARON	7901 4TH ST N STE 300	□ Add
		ST. PETERSBURG, FL 33702	≅ Remove
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		12/21/20	20		
(If an eff Note:	tive date, if other than the offective date is listed, the date must. If the date inserted in this bloment's effective date on the Department.	be specific and cannot be pr ck does not meet the app	licable statutory filing		
	cord specifies a delayed 90th day after the reco		not an effective ti	ne, at 12:01 a.m. on	the earlier
	November 18	2020			
Dated	Attuit		· ·		
	/ / / / / / / / / / / / / / / / / / / /	signature of a member or au	thorized representative of	f a member	

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