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Name Change

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COVER LETTER

Division of Cor		
SUBJECT: <u>EL</u>	Lite Ablusion LLC Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filling.	
Please return all correspo	condence concerning this matter to the following:	
	Terra L. Boettler Name of Person	
	ELite Ablusion Firm/Company	
	2300 NE 18th St. Apt .#1	
	Pomparlo beach Plorida 33062 City/State and Zip Code	20 ST
	E-mail address: (to be used for future annual report notification)	H 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
For further information c	concerning this matter, please call:	Ch SIMIC Ch SIMIC Ch SIMIC
TerraBoet Name o	of Person Area Code Daytime Telephone Number	45
Enclosed is a check for th	the following amount:	
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status	ıs &

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

Street Address:

(additional copy is enclosed)

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

Certified Copy

(additional copy is enclosed)

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 July 16, 2020 and assigned Florida document number L2 0000 2014 10.

This amendment is submitted to amend the following:

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

ELTTE ABLUTTON LCC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 agent and/or the new registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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
			🗆 Add
			□Remove
			□ Change
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If an effe <u>Note:</u> l	we date, if other than the date of filing: October 1, 2020 (optional) ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted a ent's effective date on the Department of State's records.
record d is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	actober 7, 2020.
	Actober 7, 2020. Alexa L. Bolttler Signature of a member or authorized representative of a member Terra L. Boettler Typed or printed name of signee