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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Elle Hale Creations, LIC 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:
Lexus D. Smith Hale
Name of Person
F'' (C)
Firm/Company
2109 Seaport Cir. APT 215
Address
Winter Park, 1-L 32792
Winter Park, FL 32792 City/State and Zip Code Ellehale Creations a gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lexus D. Smith Hale at (407) 194 - 2413 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$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

Fue Hole Coentinas IIC

ENE MUITE URLA	1015, LLO	
(Name of the Limites	d Liability Company as it now appears on our records. A Florida Limited Liability Company))
The Articles of Organization for this Limited Lia lorida document number 12000 220 1	ability Company were filed on July 29, 20	
his amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of the new name must be distinguishable and contain the wo	,	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:	
Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) 3. If amending the registered agent and/or registered and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	gistered office address on our records, <u>enter tl</u>	ne name of the new registered
		1 v
	Flor	Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:	<u>့</u>
provisions of all statutes relative to the proper	l agent and agree to act in this capacity. I furt r and complete performance of my duties, and tered agent as provided for in Chapter 605, F.	I am familiar with and

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
			□Add
		 	
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			Change
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			□Change
			□Add
			□ Remove
			∏Change

	
	
in effecti <u>ote:</u> If	date, if other than the date of filing:
ecord s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
nted	March 18 2021 Lenus Smith Hale
	Signature of a member or authorized representative of a member
	Lexus D. Smith Hale Typed or printed name of signee