L20000288927

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BEAUTIFULLY DONE	
Name of Limited Liability Company	Person Authority Done Name of Limited Liability Company And the submitted for filing. And the submitted for filing. Firm/Company Address Lees bury FL 34748 City/State and Zip Code Simmons vonder 10 Expanding Com E-mail address: (to be used for future simual report notification) Area Code Daytime Telephone Number following amount: (\$\sqrt{3}\sqrt{3}\cdot{0}\sqrt{0}\sq
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Vonda L. Sinnons	
Name of Person	
2119 Nicollett Way	
Lees bury, FL 34748 City/State and Zip Code	
For further information concerning this matter, please call:	
Vonda Simmons a1 407, 844-8807	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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 Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REALITT FULL	DONE	L.L.C.	<u></u>
(Name of the Limited Liability (A Florida Lin	Company as it now ap mited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L2000028892</u> .	ipany were filed on	9/15/202	_O and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	<u>d liability compan</u>	y here:	
ShaElegance	L.L.	.C.	
The new name must be distinguishable and contain the words "Limited	d Liability Company,"	the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		
			NE SE
Enter new mailing address, if applicable:	·		- 1
(Mailing address MAY BE A POST OFFICE BOX)			A
	ret 11		name of the new registered
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on o	ur recorus, <u>enter the</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
THE HOLDSTON VITTOE I INGIDES.	Ente	r Florida street address	<u> </u>
		Florid	
	City		Zip Code
and the second s	A		

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			□Remove
			☐ Change
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			□ Remove
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Fffective date if o	other than the date of	filing:		(ont	ional)	
If an effective date is lis Note: If the date ins	sted, the date must be specifi serted in this block does e date on the Department	ic and cannot be prior not meet the applic	able statutory fili	more than 90 days afte	r filing.) Pursuant to 6	
	delayed effective date, bu				b) The 90th day a	fter the
1			2			
J		2021	<u>5</u> .			
Dated	tenber 25					
Dated Dup!	rember 25 Vonda	, Sim	mora			
Dated	enber 25 Jonda Signature	of a member or auth	mono orized representative	e of a member		