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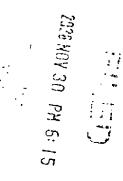
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5. YOUNG

COVER LETTER

TO:	Registration Sec Division of Corp					
CHBI	ECT:	Elegant Maked	overs, LLC			
3003	ECT	Name of Limit	ed Liability Company			
		Amendment and fee(s) are subm				
Please	return all correspo	ndence concerning this matter t	o the following:			
			Sonia Becerra			
			Name of Person			
			Swyft Filings, LLC			
	3 G		Firm/Company			
			Greenway Plaza #1320			
			Address			
		Houston, Texas 77046				
		City/State and Zip Code				
		filings@swyftfilings.com				
		E-mail address: (1	to be used for future annual report not	ification)		
For fu	urther information c	oncerning this matter, please ca	dl:			
	Sonia B	ecerra	at (877) 777-0-	450		
		f Person	Area Code Daytin	ne Telephone Number		
Enclo	osed is a check for the	ne following amount:				
Ø S	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	MAIL	ING ADDRESS:	STREET/COUR	HER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elegant Mak (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears	on our records.)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L20000300607</u> . This amendment is submitted to amend the following:	were filed on	09/23/2020	and assigned
A. If amending name, enter the new name of the limited liabi	lity company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company," the des	signation "LLC" or the abb	reviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		

Name of New Registered Agent: New Registered Office Address:	W/A	
	Enter Florida street address	
	, Florida	
	City	Zip Code
hereby accept the appointment as registered a rovisions of all statutes relative to the proper of eccept the obligations of my position as registe eing filed to merely reflect a change in the reg ompany has been notified in writing of this cha	and complete performance of my duti red agent as provided for in Chapter istered office address. I hereby confi	es, and I am familiar with and 605, F.S. Or, if this document is

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>	Type of Action
AMBR	David P. Babo	35/2 VERANDA Blud PATTISH, FL 34219] 🖿 Add
		PANISH, FL SYNIT	☐ Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
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			Add
			☐ Remove
			Change

Effec	tive date, if other than the date of filing:
lfane Note	ffective 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 605.02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.
docui	nent's effective date on the Department of State's records.
he re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier a 90th day after the record is filed.
111	s 90th day after the record is med.
D	11/10 2020
Date	
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00