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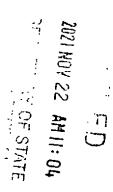
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COVER LETTER

TO:

Registration Section

Division of Corp	orations		
SUBJECT:	Elements Name of Limi	Boutique ited Liability Company	LLC.
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Jessi	CQ LD DEZ Name of Person	
	Eleme	ents Boutic	que, LLC
	16010 n	W 28 ct	
	Miami Go	Ardens, FL 33 City/State and Zip Code	0054
	jess. lope E-mail address: (i	7 008 @ amail.	(com
For further information co	ncerning this matter, please co	all:	
Jessica Name of	Lope Z	at (<u>786</u>) <u>32</u> \ Area Code Daytin	e - 6029 ne Telephone Number
Enclosed is a check for the	e following amount:		
⊊ \$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)
Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elements Bo (Name of the Limited Liability Compar) (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 20000330355</u> .	were filed on 10 19 12020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile Elements Beautia The new name must be distinguishable and contain the words Limited Liabile	me, 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 a	ddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	enter the final territory enter the first te
Name of New Registered Agent:	2 22
New Registered Office Address:	Enter Florida street address Florida City Air Code
New Registered Agent's Signature, if changing Registered Agent:	OF E
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Chan	ging 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>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
		□Remove	
		□ Change	
			□Add
		□Remove	
		Change	
			□ Add
		□Remove	
		Change	
		□Add	
		□ Remove	
		□Add	
		□Remove	
			Change

11 am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
•	
•	
Effect	tive date, if other than the date of filing:
Note:	fective 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 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
r reco	rd 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 iled.
Dated	
	Lauring Farm
	Signature of a member or authorized Epresentative of a member
	Jessica Lopez. Typed or printed name of signee
	Utssica Lopez. Typod or printed prime of signor

Filing Fee: \$25.00