LZ0000339179

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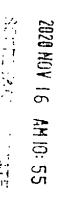
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O SIMMONS DEC 21 2020 , TO: Registration Section
Division of Corporations

SUBJECT: ELATNA EAST BOUTEQUE & BIBLES LLC

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:

Obe Santus Moreno
Name of Person
FLAINA EAST BOUTIQUE & BIBLES LLC
гин/с опрану
14655 SW 139th Ct.
Address
Miami, FL. 33186
City/State and Zip Code
ELIEASTGROUP@Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nhe Santos Moreno

Name of Person		Area Code	Daytime Telephone Number	
Enclosed is a check for the	he 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	

Mailing Address:

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

Street Address:

at 786 , 501. 3365

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(additional copy is enclosed)

TO ARTICLES OF ORGANIZATION OF

ELAINA	EAST	BOUT:	IQUE	Æ	BIRENE 96 CHAIG 55	
(2	Same of the Lim	ited Liability (A Florida Li	Company as i	t now a	appears on our records.)	

The Articles of Organization for this Limited Liability Company were filed on $10|26|202\overline{D}$ and assign. Florida document number $\underline{L20000339179}$.

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the w	ords "Limited Liability Company," the c	lesignation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>	
R. If amending the registered agent and/or r		records, <u>enter the name of the new re</u> g
and the second s	ce horo:	
and the second s	ss here:	
agent and/or the new registered office addres	ss here:	
and the second s	<u>ss here</u> :	<u> </u>
agent and/or the new registered office addres		
agent and/or the new registered office address Name of New Registered Agent:		rida street 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 wit 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 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

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address 2029 NOV 16	AM 10: 55
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ran effe <u>Note:</u>	we date, if other than the date of filing:
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 _	November 13th 2020
	November 13th 2020. Signature of a member or authorized representative of a member.
	Obe Santos Moreno

Filing Fee: \$25.00