

K20 000355256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

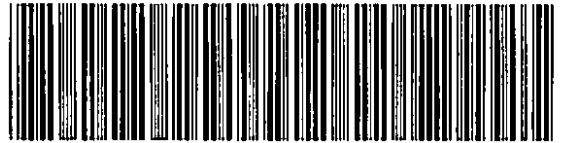
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

7:20 PM '20
7/31 SEP 15 PM 1:41

August 30, 2021

CHRISTINA SERPA
11803 CEDARFIELD DR.
RIVERVIEW, FL 33579

SUBJECT: ELYANAH BLAU, LLC *** SEE NOTE ***
Ref. Number: L20000355256

We have received your document for ELYANAH BLAU, LLC *** SEE NOTE *** and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 221A00020914

** Please file this document.*

*Thanks,
OR Serpa*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elyanah Blau, 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:

Christina Serpa
Name of Person

Elyanah Blau LLC
Firm/Company

11803 cedarfield Dr.
Address

Riverview, FL 33579
City/State and Zip Code

elyanahblau@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Serpa at (386) 986 8411
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article III Change to:

The purpose of Elyannah Oku, LLC is to operate and conduct all business activities legally permitted in the state of Florida.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 8/11, 2021.



Signature of a member or authorized representative of a member

Christina Serpa

Typed or printed name of signee