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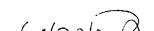
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Elle Seven Designs LLC SUBJECT: \_\_ 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: Quantrel Cunningham Name of Person Elle Seven Designs LLC Firm/Company 4440 PGA Blvd Suite# 600 Address Palm Beach Gardens, FL 33410 City/State and Zip Code elle\_7designs@mail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Quantrel Cunningham Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ■ \$30,00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ŧ	llle Seven Designs LLC					
(Name of the Limited Liab (A Flor	ility Company as it now appe ida Limited Liability Company	ars on our records.)	<del>-</del>			
The Articles of Organization for this Limited Liability Horida document number <u>L21000194895</u>	Company were filed on _	April 27th, 2021	and assigned			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the li	mited liability company	<u>here</u> :				
	Elle Seven Interiors LLC					
The new name must be distinguishable and contain the words "I.	imited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if applicable:						
	O D PLOCE					
<u>Principal office address MUST BE A STREET ADI</u>	<u> </u>		<del></del>			
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)		_				
			22.			
	<del>- F'</del>		55			
B. If amending the registered agent and/or register	red office address on our	records, enter the na				
agent and/or the new registered office address here		<u> </u>				
			2 2 6			
Name of New Registered Agent:						
New Registered Office Address:						
-	Enter F	lorīda street address	<del></del>			
		Florida	, Florida			
	City		Zip Code			

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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(If an effective of Note: If the	ate, if other than the date date is listed, the date must be so date inserted in this block deffective date on the Depart	pecific and cannot be prior loes not meet the applic	able statutory filing red	(optional) han 90 days after filing.) Pur quirements, this date will	suant to 605.0207 (3 not be listed as th
he record spec ord is filed.	ifies a delayed effective date	r, but not an effective ti	ime, at 12:01 a.m. on tl	ne earlier of: (b) The 90	th day after the
Dated	May 13th	. 2021	<del>, _</del> ·		
		<i>(</i> *)		<i></i>	
	Sign	ature of a member or author	orized representative of a	member	
	<del></del>		Cunningham ed name of signee		<u>-</u>