## LZI CCC 216044

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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Section Division of Corporat	ions		
subject: <u>Eléga</u>	nt U Reco	Very LLC Liability Company	
, and the second		•	
The enclosed Articles of Amen	dment and fee(s) are submit	ted for filing.	
Please return all correspondenc	e concerning this matter to t	he following:	
_	Pauline	D. Thompson	<u> </u>
_	Elegant	V Recovery Firm/Company	LLC
_	2501 Lin	Address Address	<del>r</del> 209
<del>_</del> -	Hollyu	City/State and Zip Code	)30
_	Elegantu E-mailaddress: (10 b	recovery a Ma	il. com
For further information concer	ning this matter, please call:		
Pattine D.  Name of Person	Thampson	at (COU) 674.5 Area Code Daytime	Telephone Number
Enclosed is a check for the foll	lowing 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 Secti	on	Street Address: Registration Sect	tion
Division of Corpo		Division of Corp The Centre of Ta	
P.O. Box 6327		THE COME OF TE	*************

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elegant	- U Kecrovery	LLC
(Name of the)Limited	Liability Company as it now appears of Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Lial Florida document number		and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the design	mation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or regagent and/or the new registered office address  Name of New Registered Agent:		ords, enter the name of the new registered
<u></u>		
New Registered Office Address:	Enter Florida	street address
		, Florida
	City	Zıp Code
New Registered Agent's Signature, if changing Re		بن الم
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re	r and complete performance of m ered agent as provided for in Cha egistered office address, I hereby	y duties, and I am familiar with and upter 605, F.S. Or, if this document is
company has been notified in writing of this c	hange.	1
	If Changing 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
AMBR	Pauline D. Thompse	on 2501 Lincoln St Apt 20	9 ⊠Add
		n 2501 Lincoln St Apt 20 Hollywood, 77 33020	□Remove
			□Change
			□Add
			Remove
			□Change
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cective date, if other than the date of filing:	filing.) Pursuant to 605.0207
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) s filed.	The 90th day after the
red June 21 , 2021.	ų į.
Di On	
Signature of a member or authorized representative of a member	· .1

Filing Fee: \$25.00