L21000415834

(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
3104	

Office Use Only



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12/05/22--01009--091 **25.00

3/13/23 VIN.

2023 MAR - 6 PM 1:22

FILED



February 15, 2023

BIANCA GENTILE 10150 SW 16 PL DAVIE, FL 33324 US

SUBJECT: BROOKLYN NIGHTS, LLC

Ref. Number: L21000415834

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 723A00003723

Vonterica S Williams REGULATORY SPECIALIST II

www.sunbiz.org

COVER LETTER

A 1 1 1 1 1 1

TO: Registration Se Division of Cor			
Support Brook	Klyn Nights, L	.LC	
SUBJECT:	Name of Lim	ited Liability Company	
When the said Amelakan a C	Normalian and Gosto Normanik	actional flor filling	
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	В	ianca Gentile	
		Name of Person	
	Broo	Klyn Nights, LLC	
		Firm/Company	
	10150 SV	V 16 PL	
	Davie,	FL 33324	
	bmariegen	City/State and Zip Code Hile @gmail.co	M
	E-mail address: (to be used for future annual report noti	fication)
	oncerning this matter, please co	all:	
Bianca Marie	Gentile	at (954) 261 - Area Code Daytim	7665
Name o	f Person	Area Code Daytim	ne 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 (additional copy is enclosed)
Mailing Addres		Street Address:	**
Registration : Division of C		Registration Se Division of Co	
P.O. Box 632	27	The Centre of T	Fallahassee
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CName of the Limited Dia	Nights, LLC bility Company as it now appears on our records.)
The Articles of Organization for this Limited Liability	rida Limited Liability Company)
Florida document number <u>L 21000+1583</u>	Company were filed on 17 17 2 37 2 3 - 1 and assigned
This amendment is submitted to amend the following	;
A. If amending name, enter the new name of the l Elevate Microbading	LLC
	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
	DES HAR
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, enter the name of the new registered
	- -
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
-	, Florida City Zip Code
New Degistered Agent's Signature if changing Degister	ored Agent

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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□ Change
			□ Add
			□Remove
			□Change

D. If amending any oth	er information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
Note: If the date insert	er than the date of filing: (optional) I, 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) ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ate on the Department of State's records.
f the record specifies a delectord is filed.	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated March	. 1023
	Signature of a member or authorized representative of a member
	Bianca Centre le Typed or printed name of signée

. . .

Filing Fee: \$25.00