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Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Phone

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAVISH-ESSENTIALS LLC

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**AUG 29 2022** 

## **COVER LETTER**

TO: Registration Se Division of Cor			
	ESSENTIALS LLC		•
SUBJECT:	Name of Limit	ed Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspondent	ondence concerning this matter t	o the following:	
	Cheyenne Moseley		
		Name of Person	U VIII WA TA TIMBOR OF T
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
		Address	<del></del>
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	sharene0810@gmail.com	o be used for future annual report notif	ication)
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Cheyenne Moseley		800 773-0888	
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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)
Regis	ANG ADDRESS: tration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	n

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## From: Danielle Gervasi

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

LAVISH-ESSENTIALS LLC		
(Name of the Limited L. (A F	iability Company as it now appears on our recol lorida Limited Liability Company)	<u>'ds,</u> )
The Articles of Organization for this Limited Liability Florida document number 1.22000297939	ity Company were filed on 07/01/2022	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LL	,C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	::,	
(Principal office address MUST BE A STREET A	DDRESS)	
B. If amending the registered agent and/or in registered agent and/or the new registered office		ds, enter the name of the n
Name of New Registered Agent:		Bana n
New Registered Office Address:	Enter Florida street addi	2002 2003
_	Cny .	Florida
and the state of t	•	<u> </u>
New Registered Agent's Signature, if changing Regi-		
I hereby accept the appointment as registered ay provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this cha	ind complete performance of my duties, red agent as provided for in Chapter 602 istered office address, I hereby confirm (	and I āmzfamiliar with and 5, E.S.Dr. if the document is:
	If Changing Registered Agent, Signatur	re 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:

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MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Sharene T Salley		🗆 Add
		61 CORDONA DR. APT G KISSIMMEE, FL 34758	■ Remove
AMBR	Sharene L Salley	61 Cordona Dr., Apt G Kissimmee, Florida 34758	■ Add
			☐ Remove
			Change
			Remove
			☐ Change
	<del></del>		Add
			☐ Remove
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