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(Document Number)
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COVER LETTER

TO: Registration Section of Corp.		•	
SUBJECT: EL	lgant Bear	VHY BOUTIQUE L ited Hability Company	LC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Katlir	Name of Person	
	Elegar	17 Beauty Bold	Higul
	15091	NE 9th Street	
	brownka	Ston, FL 32691 City/State and Zip Code LHin 1997@ 9Ma to be used for future annual report notif	il com
For further information co	E-mail address: (ocerning this matter, please of		ication)
Katlin Name of 1	Brown	at (352) 28(- Area Code Daytime	2307 Telephone Number
Enclosed is a check for the	following amount:		
(1)\$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 Addrace		Stroot Address	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HAUL
J(<u>Name of the Limited Ligbility Compa</u> (A Florida Limited I	iny as it how appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 2 0 0 0 4 9 8 5 6 0</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	' /
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	110 NW Main Strut
Principal office address MUST BE A STREET ADDRESS)	Williston, FL 32690
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office and the new registered office and the new registered office and the new registered office address here:	15091 NE 9th Street Williston, FL 32696
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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 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
			□Remove
			□Change
			□ Add
			□Remove
		□ Change	
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		·····	□ Change
		·	□Add
			□Remove
			□Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:
be 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 ord is filed.
Dated 7/22/24 Compared August Signature of a member or authorized representative of a member
Typed or printed name of signee