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COVER LETTER

TO: Registration S Division of Co				
Maison El				
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
	ondence concerning this matter			
	Lavenir Elie			
Name of Person				
	Maison Elie LLC			
		Firm/Company		
		Address		
	Miramar, Florida 33027		15	
	-	City/State and Zip Code		
	techniquemoderne@gmail.			
For further information of	E-mail address:	to be used for future annual report notifi	cation)	
Lavenir Elie	5	954 8264335		
Name o	of Person	at () Area Code Daytime	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 Registration S		<u>Street Address:</u> Registration Sect	ion	
Division of C	Corporations	Division of Corp	orations	
P.O. Box 632 Tallahassee, 1		The Centre of Ta		
i dilaliassee, l	L J4J17	2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maison Elic LLC (Name of the Limited Liabil	lity Company as it now appears on our records			
(A Floric	lity Company as it now appears on our records.) da Limited Liability Company)			
The Articles of Organization for this Limited Liability (Florida document number L23000076778	Company were filed on February 13, 2023	a	nd assign	ned
This amendment is submitted to amend the following:	 '			
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" o	r the abbrevia	ion "L.L.C	~ ··
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)	:	:	
			Ţ	
		***	:	ı
Enter new mailing address, if applicable:			; - -	i
Mailing address MAY BE A POST OFFICE BOX)		Γ:	15.7	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter th</u>	e name of th	<u>ie new r</u>	<u>egis</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Floric			
	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, 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
MGR	Lavenir Elie	3976 SW 157th Ave, Miramar , Fl 33027	□Add
			□Remove
			■ Change
CEO	Lavenir Elie	3976 SW 157th Ave, Miramar, FI 33027	🗆 Add
		-	□Remove
			■Change
			Add
			Remove
			☐ Change
			🗆 Add
			□Remove
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	mendment only con-	ncerns a title change	from a CEO to a M	IGR.			
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Tective date	is listed, the date must	t be specific and canno	t be prior to date of f	ling or more than 90 c	_ (optional)	Pursuant to	5 605 020
an effective date	on the end to all the first	ock does not meet th	ie applicable statut	ory filing requireme	ents, this date v	vill not be	listed a
an effective date ote: If the dat	ie inserted in this bic		records.				
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