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2023 APR 25 PM 10:07  
SECURITY  
FBI

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Elizabeth Nicole Creations LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monica Sosa

Name of Person

Elizabeth Nicole Creations LLC

Firm/Company

9604 Windrift Circle

Address

Fort Pierce, FL 34945

City/State and Zip Code

enicolecreations@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Sosa

772 812-5878  
at ( )

Name of Person

Area Code

Daytime Telephone Number

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)

**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**

Elizabeth Nicole Creations

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/10/23 and assigned  
Florida document number L23000178009.

This amendment is submitted to amend the following:

**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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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>	<u>Address</u>	<u>Type of Action</u>
mgr	Monica Sosa	9604 Windrift Circle, Fort Pierce, FL 34945	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	LaTarsha Cain		<input type="checkbox"/> Add
		33 Chechessee Bluff Circle, Okatie, SC 29909	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
mgr	Sandra Cain		<input type="checkbox"/> Add
		784 Bentcreek Drive, Fort Pierce, FL 34947	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Nelson Sosa		<input type="checkbox"/> Add
		9604 Windrift Circle, Fort Pierce, FL 34947	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nelson Sosa	9604 Windrift Circle, Fort Pierce, FL 34945	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2023 APR 25 AM 10:07  
JED:RGT  
TAMM

(If an effective date is listed, 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)(b)

If the 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 record is filed.

med

Monica Sosa

Typed or printed name of signee

**Filing Fee: \$25.00**