

L23000214961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

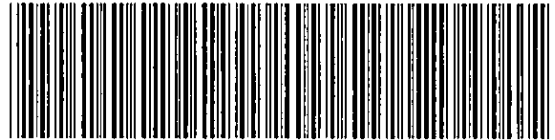
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/20/23--01035--009 **25.00

FILED

2023 SEP -5 AM 11:41

CLERK OF COURT
JANUARY 1, 2023
TALLAHASSEE, FL

Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2023

CRISTY E PUEBLA
CRISTY ELIZABETH LLC
440 ALMOND ST
CLERMONT, FL 34711 US

SUBJECT: CRISTY ELIZABETH LLC
Ref. Number: L23000214961

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

The title you have listed for the individual(s) managing the LLC is not acceptable. We cannot accept their terms: partner, officer, owner, or member.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Antoinette A Gonzalez
Regulatory Specialist II

Letter Number: 623A00018608

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2023 SEP -5 AM 11:41

SEP 05 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cristy Elizabeth 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:

Cristy E Puebla

Name of Person

Cristy Elizabeth LLC

Firm/Company

440 Almond St.

Address

Clermont, FL. 34711

City/State and Zip Code

cristy@cristyelizabeth.com

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

2023 SEP -5 AM 11:41
FILED
STATE OF FLORIDA
TALLAHASSEE, FL

For further information concerning this matter, please call:

Cristy Puebla

352

348-7123

at (_____) _____
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**

Cristy Elizabeth LLC

(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 05/01/2023 and assigned
Florida document number L23000214961.

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

City

Florida

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>
Owner	Cristy E. Puebla	440 Almond St. Clermont, FL. 34711	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cristy E. Puebla	440 Almond St. Clermont FL 34711	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Op 8/29/23

FILED
2023 SEP - 5
TALLAHASSEE, FL
11:42 AM

2023 SEP -5 AM 11:41
STILLBORN
MILLANSEE, FL

FILED
2023 SEP -5 AM 11:41
TALLAHASSEE, FL
CLERK OF DISTRICT COURT

(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) **Note:** If the date inserted in this block does not meet the applicable requirements, filing will be deemed to be on the date of filing.

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.

Dated June 16, 2023.

Christy E. Puebla
Signature of a member or authorized

Signature of a member or authorized representative of a member

Cristy E Puebla

Typed or printed name of signee

Filing Fee: \$25.00