

L23000289399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

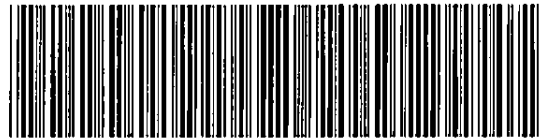
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FILED  
2024 APR 24 PM 6:07  
SEC. 1

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ENCHANTELLE 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:

VIDA ELEGANZA

Name of Person

ENCHANTELLE LLC

Firm/Company

505 BEACHLAND BLVD STE 1-164

Address

VERO BEACH, FL 32963

City/State and Zip Code

my.beautyskin@yahoo.com

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

For further information concerning this matter, please call:

VIDA ELEGANZA

Name of Person

at ( 772 ) 205-5318

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**

ENCHANTELLE 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 JUNE 15, 2023 and assigned  
Florida document number L23000289399.

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)**

505 BEACHLAND BLVD STE 1-164

VERO BEACH, FL. US 32963

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

505 BEACHLAND BLVD STE 1-164

VERO BEACH, FL. US 32963

**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:

REGISTERED AGENTS INC

New Registered Office Address:

7901 4TH ST N STE 300

*Enter Florida street address*

ST. PETERSBURG

*City*

Florida 33702

*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.*

*David Roberts*

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>
AR	CLOUD PEAK LAW GROUP, P.C.	8051 N.TAMIAMI TRAIL STE E6	<input type="checkbox"/> Add
		SARASOTA, FL 34243 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VIDA ELEGANZA LLC	505 BEACHLAND BLVD STE 1-164	<input checked="" type="checkbox"/> Add
		VERO BEACH, FL. 32963 US	<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

[illegible]

(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.

Dated APRIL 19, 2024

Vida Eleanza  
Signature of a member or authorized representative of a member

VIDA ELEGANZA MGR

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Typed or printed name of signee

**Filing Fee: \$25.00**