

Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : QUARLES & BRADY LLP
Account Number : I20000000067
Phone : (239)434-4922
Fax Number : (239)213-5452

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ELISABELLA LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

M. SOLOMON

JUN - 6 2024

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Corporate Filing Menu

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: Elisabetha 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:

Lorigane Martin

Name of Person

Quarles & Brady, LLP

Firm/Company

1395 Panther Lane, Suite 300

Address

Naples, FL 34109

City/State and Zip Code

lorigane.martin@quarles.com

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

For further information concerning this matter, please call:

Lorigane Martin

239

434-4904

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

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SECRETARY OF STATE
OFFICE OF THE CLERK
TALLAHASSEE, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Elisabella 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 May 29, 2024 and assigned
Florida document number 124000233600

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
RA	Francesco Carvello	1480 Galleon Avenue, Marco Island FL 34145	☐ Add
			☐ Remove
			☒ Change
RA	Francesco Carveli	1480 Galleon Ave, Marco Island, FL 34145	☒ Add
			☐ Remove
			☐ Change
MGR	Francesco Carvello	1480 Galleon Ave, Marco Island, FL 34145	☐ Add
			☐ Remove
			☒ Change
MGR	Francesco Carveli	1480 Galleon Ave, Marco Island, FL 34145	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(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 602.0.207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 6, 2024

Pamela C. Lundborg

Signature of a member or authorized representative of a member

Pamela C. Lundborg, authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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