

R. HUNT
07/16/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elegant Tailoring & Tuxedo, 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:

Hdefonso Araoz

Name of Person

Elegant Tailoring & Tuxedo, LLC

Firm Company

3235 SW 41st Ave

Address

Ocala, Florida 34474

City/State and Zip Code

ilcraoz@hotmail.com

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

RECEIVED
TALLAHASSEE, FL
JAN 15 AM 10:25

For further information concerning this matter, please call:

Hdefonso Araoz

801

548-9836

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**

Elegant Tailoring & Tuxedo, 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 6/08/2024 and assigned
Florida document number L24000263894.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Elegant Tailoring & Alteration, LLC

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	Ildefonso Araoz	3235 SW 41st Ave	<input type="checkbox"/> Add
		Ocala, FL 34474	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ildefonso Araoz	3235 SW 41st Ave	<input checked="" type="checkbox"/> Add
		Ocala, FL 34474	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input 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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE, FL
JUN 10 10:25 AM '13

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

Fix tha name because was wrong and change the name of business for be more clear about the services to give to customer.

2024 JUN 15 AM 10:25
CLERK OF STATE
TALLAHASSEE, FL

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

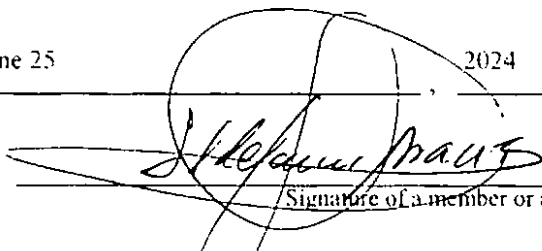
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 25

2024



Signature of a member or authorized representative of a member

Hdefonso Araoz

Typed or printed name of signee