

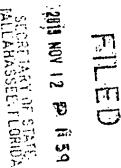
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COVER LETTER

Division of Corporations
SUBJECT: Flotidg Wedding Chapels, 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:
Jay Madtuga Namoof Person Flotida Wedding Chapels. LLC Firm/Company
75/2 Dr. Phillips BLVD Suite 50-238
ORLANDO, FL 32819 City/State and Zip Code Jay a Central FLotida Wedding group. Cor JE-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tay Madroga at (311) 663-4812 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Or		FILED
FLorida Wed (Name of the Limited Liah (A Flor	oility Company	as it now appears on our rebility Company)	∠ ∠ ∠ ∠ ← Gords.).2019 NOV 12 PP # 59
The Articles of Organization for this Limited Liability Florida document number <u>LOLOGOO</u>		rere filed on	L STATE OF STATE OF STATE
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liab <u>ili</u>	ty company here:	
The new name must be distinguishable and contain the words "I.	imited 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 ADd	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ad	•	ce address on our rec	ords, enter the name of the new
Name of New Registered Agent:		-	
New Registered Office Address:			
		Enter Florida street aa	tdress
_	- 		, 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 Type of Action Title Name Address MGR Heidi 5:559 7512 DL Phillips BLVD MAD Suite 50-238 □ Remove ORLANDO, FL 31819 OChange ☐ Remove ____ Change ☐ Remove _____ Change bbA □ ☐ Remove _____ □ Change bbA □ ☐ Remove _____ □ Change □ Remove

					
					
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fective date, if other that an effective date is listed, the date is lested in a cument's effective date on	ate must be specific and this block does not m	cannot be prior to d neet the applicable	late of filing or more tha		
record specifies a de The 90th day after th		late, but not a	n effective time,	at 12:01 a.m. on t	he earlier o
ned November	·8	20/9			
	01	1		nember	
					

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Filing Fee: \$25.00