## L14000/11829

(Re	equestor's Name)	
(Ad	ldress)	
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## **COVER LETTER**

Division of Corporations
SUBJECT: FROM A REA TO A TREE EVENTS UC  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:
Georgette CASIMIR Name of Person  PEA TO TRee Events White Firm/Company
6169 Lenshire Dr. Address
Tawta, Fl 32634 City/State and Zip Code  Events @ Reatotree. com  E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Georgette Casimir at (954) 297-2491 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigsquare \\$30.00 Filing Fee & Certificate of Status \$\Bigsquare \text{Certified Copy} \\ (additional copy is enclosed) \$\Bigsquare \\$60.00 Filing Fee, Certified Copy \\ (additional copy is enclosed)

MAILING ADDRESS: 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**

FILED 2015 JUN 15 AM 11: 55

SECRETARY OF STATE. TALLAHASSEE, FLORIDA

	FROM A PEA	nited Liability Company as i	Events UC it now appears on our reco	rds,)
	anization for this Limited amber <u>L140001</u>		filed on <u>7/2<b>8</b>/20</u>	14 and assigned
This amendment is s	submitted to amend the fo	llowing:		
A. If amending nat	me, <u>enter the new name</u>	of the limited liability of	company here:	
A STATE OF THE STA	PEA TO T	REE Events	,UC	
The new name must be o	listinguishable and contain the	words "Limited Liability Co.	mpany," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principa	ıl offices address, if appl	icable:		
(Principal office add	<u>dress MUST BE A STRE</u>	<u>ET ADDRESS)</u>		<u> </u>
3	address, if applicable: AY BE A POST OFFIC	<u> </u>		
registered agent an	d/or the new registered		address on our recor	rds, enter the name of the new
Name of N	lew Registered Agent:	<u></u>		
New Regis	stered Office Address:		Enter Florida street add	race
			, 1 City	Florida Zip Code
New Registered Age	nt's Signature, if changing		•	, =-

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Change
			Add
			□ Remove
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Iffective date, if other an effective date is listed. the Note: If the date inserted document's effective date.	l in this block does no	t meet the applical	o date of filing or more ble statutory filing r	(optional): than 90 days after filing equirements, this date	.) Pursuant to 605. will not be liste	0207 (3)( d as the
e record specifies a The 90th day after			an effective tin	ne, at 12:01 a.m.	on the earlie	r of:
Dated June 11	h de	). 2015				
	Signature of	a member or author	rized representative of	a member		

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Filing Fee: \$25.00