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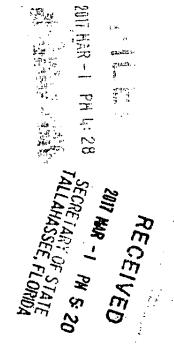
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Am 3/1/2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kekey 15 CCUKES 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:
12-515 ey Dicks Name of Person
Firm/Company
2117 Monticello Dr.
Tallahassee /FZ 32303 City/State/and Zip Code
Kelseuscakes (to be used for future admual report notification)
For further information concerning this matter, please call:
Kelsey Divis at (850) 879-6602 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{align*} \Percursar \p

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy (additional copy is enclosed)

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

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Itelsey's Cakes	LLC	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	d Eventplanning	gooreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	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 agent.	gistered office address on our records, <u>ente</u> ddress here:	r the name of the new
		•
Name of New Registered Agent:		
New Registered Office Address:	·	•
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address	
<u></u>	, 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 **Title** <u>Name</u> **Address** Type of Action □ Add _□ Remove _☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change □ Add □ Remove ☐ Change _□ Add _□ Remove □ Change

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