L19000279966

(Requestor's Name)
(Address)
(Address)
(,
(a) (a) (b) (b)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
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Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Co	rporations			
SUBJECT EVENTOS	SET II C			
SUBJECT: EVENT2S		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	amitted for filing		
		_		I
Please return all correspondence	ondence concerning this matter	to the following:		1
				1
	Ying Zhang			
		Name of Person		
	Event2Set, LLC			
		Firm/Company		
				ı
	7645 Sun Island Drive Son	Address		
		Address		
	South Pasadena, FL 33707	1		
		City/State and Zip Code		
	sandrazhang1216@gmail.c			
		to be used for future annual	report notification)	
For further information of	concerning this matter, please c	all:		
Ying Zhang		at (727) 59	8-4664	
	of Person	Area Code	8-4664 Daytime Telephone Number	<u> </u>
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	Certificate	of Status &
		(additional copy is enc		opy py is enclosed)
Mailing Addres	s:	Street Ac	dress:	
Registration S	Section	Registra	ation Section	
Division of C	orporations	Division	n of Corporations	

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION • OF

OF 2023 JUN 28 14 -

EVENT2SET, LLC		7:26
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I lorida document number L19000279966	Liability Company were filed on 11/2	5/2019 and assigned
his amendment is submitted to amend the fol	lowing:	İ
. If amending name, enter the new name	of the limited liability company here	<u>:</u>
he new name must be distinguishable and contain the	words "Limited Liability Company," the des	gnation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE		
3. If amending the registered agent and/or gent and/or the new registered office addre		ords, enter the name of the new regist
Name of New Registered Agent:	Walter E. Smith, Esquire	
New Registered Office Address:	757 Arlington Avenue North	
	Enter Floride	street address
	St. Petersburg	, Florida ³³⁷⁰¹
	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>	Address	Type of Action
AMBR	XUEDONG NIU	7645 Sun Island Drie South, #203	≣ Add
		South Pasadena, FL 33707	□ Remove
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Add
			□Remove
			□Change

				
			 	
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ffective date, if other than the date of filir an effective date is listed, the date must be specific an lote: If the date inserted in this block does not occument's effective date on the Department of	nd cannot be prior to dat meet the applicable s			
record specifies a delayed effective date, but no is filed.	ot an effective time, a	t 12:01 a.m. on the earl	ier of: (b) The	90th day after the
ated June 20	2023			1