## K21000398037

(Reque	stor's Name)	
(Addres	ss)	<del></del>
(Addres	ss)	
(City/SI	ate/Zip/Phone #)	
PICK-UP		MAIL
(Busine	ess Entity Name)	
(Docum	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	ng Officer:	
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## **COVER LETTER**

Division of Corp			
SUBJECT:	Cooltura	Events LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Prisci	lla Sepulveda	
		Name of Ferson	
		Firm/Company	
	5918 Be	nt Pine Dr. Apt 2	115
	Orlo	ando FL 32822	
	Priziveda	city/State and Zip Code  City/State and Zip Code  Com to be used for future annual report notification	)
For further information con	ncerning this matter, please ca		
Priscillo Name of	Sepulveda	at (321) 606-9 Area Code Daytime Telepi	970 hone 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)
<u>Mailing Address:</u> Registration Se		Street Address: Registration Section	
Division of Co		Division of Corporati	one

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

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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

Cooltura Eve	nts LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on or ability Company)	ir records.)	
The Articles of Organization for this Limited Liability Company v	vere med on	08/202 and as	signed
Florida document number <u>L21000398</u> 03	7		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	Company " the designat	ion "I I C" or the abbroviation "I	1.0"
-	y company, the designat	ton EEC of the abbieviation i	, L.C.
Enter new principal offices address, if applicable:			<del></del>
(Principal office address MUST BE A STREET ADDRESS)		<del></del> .	
	·		
Enter new mailing address, if applicable:			20
(Mailing address MAY BE A POST OFFICE BOX)			0 1
	··	<u> </u>	<u> </u>
B. If amending the registered agent and/or registered office ac	ld-occ on our records	> onton the name of thems	l j'
agent and/or the new registered office address here:	iaress on our records	enter the name of the ne	i :
			R o
Name of New Registered Agent:		227	. 0
New Registered Office Address:	Enter Florida stre	et address	
		, Florida	
	Cuy	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree	e to act in this capac	ity. I further agree to com	ply with the
provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pr	· · · · · · · · · · · · · · · · · · ·	•	

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 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
MGR	Priscilla Sepulveda	5918 Bent Pine Dr. Apt	215 _≅add
		Orlando, FL 32822	□Remove
			DChange
			□Add
		<del> </del>	□Remove
			□Change
			□Add
			□Remove
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			□Remove

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Filing Fee: \$25.00