N13000004077

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SECRETARY OF STATE

APPROVED

C. LEWIS
FEB 25 2014
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2014

JAMES E. TICE 16220 SW 280TH ST HOMESTEAD, FL 33031 US

SUBJECT: THE LITTLE RED CARPET EVENTS, INC.

Ref. Number: N13000004077

We have received your document for THE LITTLE RED CARPET EVENTS, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your corporate name is unavailable. Chapter 607.0401(4), Florida Statutes states corporate names "must be distinguishable from the names of all other entities or filings organized or registered under the laws of this state, which names are on file with the Division."

The document number of the name conflict is P13000080404.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis Regulatory Specialist II

Letter Number: 614A00003924

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations				
NAME OF CORPORATION: The LITTLE Red CARPET EVENTS, ITU DOCUMENT NUMBER: W 1306 000 4077				
DOCUMENT NUMBER: W 1306 000 4077				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
SANCE ETTEE				
(Name of Contact Person)				
(Firm/ Company)				
16220 SW 280Th ST				
(Address)				
Hensestead, FLA 33031				
(City/ State and Zip Code)				
Limsbooks 6524 @ Cemail. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number)				
(Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) Certified Copy (Additional Copy is Enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

14 FEB 24 PM 1: 20

I

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1.30000 HO77 (Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

ALFEMBRITA	LUTERNACIONAL TWE
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	16220 S.W 280Th STIZECT Henrestead, FIA 33031
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	ddress:
Name of New Registered Agent:	no change
New Registered Office Address:	(Florida street address)
(City)	, Florida(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

A. If amending name, enter the new name of the corporation:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

	•		
Example: X Change X Remove X Add	V Mik	n Doe te Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
!) Change Add Remove	7	Jose M. TAMILA	2012 NWSGTh Ave Pombroke PINES, FLA 33024
2) Change Add Remove	D		lez 4179 WE 11Th STEET Hemestead Flunda 3 33033
3) Change Add Remove		James ETICE	1622c SW 280ThST Hemesterd F/A 33031
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here:				
(atlach additional sheets, if necessary). (Be specific)				
No Change				
<u></u>				

APPROVEL AND FILED

The date of each amendment(s) adoption:date this document was signed.	JANUARY 15, 7014	14 FEB 21. PM 1: 20
Effective date if applicable: (no mor	JANVARY 15, Ze14 re than 90 days after amendment file date)	SECRETARY OF STATE TALEAHASSEE, PLURIDA
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the r was/were sufficient for approval. There are no members or members entitled to adopted by the board of directors.	nembers and the number of votes east for the vote on the amendment(s). The amendment(
Dated JANU. Signature James	Any 15, 2014 E Ties	
(By the chairman or vice ch	nairman of the board, president or other office an incorporator – if in the hands of a receive	
	ETICE	
INCO	nted name of person signing) WACNATOR itle of person signing)	
	· =	