

L10000082499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

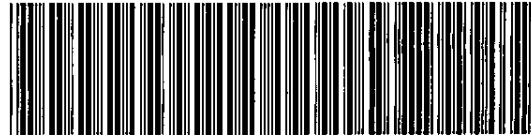
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC -5 AM 11:48

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N. Guilan DEC - 6 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 123 Party 4 U, 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:

Vanessa Diaz
Name of Person
123 Party 4U
Firm/Company
10030 SW 38 Terr
Address
Miami, FL 33165
City/State and Zip Code
123party4u@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanessa Diaz at (**786**) **226-4293**
Name of Person Area Code & Daytime Telephone 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)

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
11 DEC -5 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

123 Party 4U LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/04/2010 and assigned Florida document number L10000082499

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Star Set Events, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

10030 SW 38 Terr

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33165

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Vanessa Rivera

New Registered Office Address:

10030 SW 38 Terr

Enter Florida street address

Miami

City

Florida

33165

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

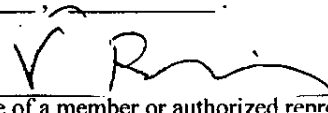
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Vanessa Diaz	10030 SW 38 Terr Miami, FL 33165	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Vanessa Rivera	10030 SW 38 Terr Miami, FL 33165	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 TALLAHASSEE, FLORIDA

Dated _____



 Signature of a member or authorized representative of a member

 Vanessa Rivera

 Typed or printed name of signee