

L17000129641

(Requestor's Name)

(Address)

(Address)

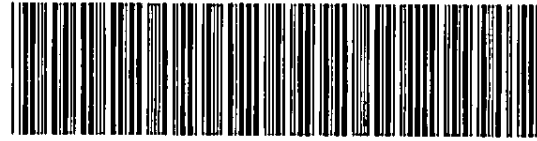
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



400328431834

05/06/19--01020--016 **25.00

Special Instructions to Filing Officer:

Spoke with Tamarca 05/21/19 to
change registered agent address to
mailing address

Office Use Only

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AND
FILED
2019 MAY -6 PM 4:13
SECRETARY OF STATE
HALLMARK CENTER
COLUMBIA, MISSISSIPPI

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: "Fantaisie" Events by Tamie 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:

Tamara Francois Lacossiere
Name of Person
Firm/Company
125 S. State Road 7 Suite 104-#249
Address
Wellington, FL 33414
City/State and Zip Code
Lacossieret@gmail.com
E-mail address: (to be used for future annual report notification)

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CORPORATION STATE
TALLAHASSEE, FLORIDA
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For further information concerning this matter, please call:

Tamara Francois Lacossiere 561 808-3241
Name of Person at () 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**

"Fantaisie" Events by Tamie 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 6/14/2017 and assigned Florida document number 117000129641.

This amendment is submitted to amend the following:

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

Fantaisie Events & Design LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

125 S. State Road 7 Suite 104-#249

Wellington, FL 33414

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

125 S. State Road 7 Suite 104-#249

Wellington, FL 33414

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CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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 CALL CENTER

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

For safety reasons please do not list home address 10611 Old Hammock way Wellington FL 33414 online. Please list mailing address only. Thank you!

2019 MAY - 8 PM 4: 13
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OFFICE OF THE
CLERK OF THE
COURT

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AND
FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____



Signature of a member or authorized representative of a member

Tamarla Francois LaCossiere

Typed or printed name of signee