## L21000059468

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## **COVER LETTER**

TO: Registration Division of C				
	L EVENTS L.L.C.,	*	•	
SUBJECT:	Name of Lin	nited Liability Company	<del></del>	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	RUBEN YAGUDAYEV			
		Name of Person		
		Firm/Company		
	2939 INDIAN CREEK DI	RIVE APT#307	50 80	2021 #
		Address		F. 78
	MIAMI BEACH,FL 3314	0		26
	FUTURXTK@GMAIL.CO	City/State and Zip Code	95 STA	PM 3:
- 4		to be used for future annual report not	fication)	32
For further information	concerning this matter, please c	all:		
KARINA MASSENA		929 2353548 at ()		
Name	of Person	Area Code Daytin	e 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 Certificate of Certified Cop (additional copy	Status &
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ETERNAL EVENTS L.L.C.		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company	y were filed on FEBUARY 03,2021	and assigned
Florida document number L21000059468		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
HEADBANGER L.L.C.		
he new name must be distinguishable and contain the words "Limited Liab	ility 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)	ر.	22
		70 73
	<del>رين</del>	26
Enter new mailing address, if applicable:	7	-0 17
• • • •		HO O
Mailing address MAY BE A POST OFFICE BOX)		15 (3
		2
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the nai	ne of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
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	, Florida	Zin Coda
	i in	In Lada

## 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
MGR	KARINA MASSENA	2939 INDIAN CREEK DRIVE APT #307	🗏 Add
		MIAMI BEACH,FL. 33140	Remove
			Change
			□Add
			□ Remove
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fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing	(optional)	D 44 COS 02
te: If the date inserted in this block does not meet the applicable statutory	filing requirements, this date	will not be listed
cument's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective time, at 12:01 a	.m. on the earlier of: (b) The	e 90th day after th
is filed.		
APRIL 20 2021		
ted APRIL 20		
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