## 104000040877

(Reque	estor's Name)
(Addre	ss)
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(City/S	tate/Zip/Phone #)
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## **COVER LETTER**

TO:	Registration Se Division of Cor		<b>†</b>	•			
CLID I		ENTS, LLC.					
SUBJ	EC1:	Name of Lim	ited Liability Company				
The er	nclosed Articles of	Amendment and fee(s) are sub	unitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		JOSE ALMIRALL					
			Name of Person				
		MVP EVENTS					
			Firm/Company				
10305 SW 26 TER							
Address							
	MIAMI, FL. 33165						
	City/State and Zip Code SALES@MVPEVENTS.COM						
		E-mail address: (	to be used for fixture annual report notif	ication)			
For fu	rther information co	oncerning this matter, please ea	all:				
JOSE	ALMIRALL		305 264-6909 at ()_				
Name of Person			Area Code Daytime	e Telephone Number			
Enclos	sed is a check for th	ne following amount:					
\$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

MVP EVENTS, LL	.C.	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>L04000040877</u> .	were filed on6/01/04	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "I.I.C	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2019 <sub></sub>
(Principal office address MUST BE A STREET ADDRESS)		0CT 2
Enter new mailing address, if applicable:		AH 8
(Mailing address MAY BE A POST OFFICE BOX)		3
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	3
	P.I	.*.4
	, Flo	orida

## 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>	Type of Action
MGR	CLIFTON HUGGINS	HC 61 Box E-7420	
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		OCHOPEE, FL 34141	☐ Remove
			□ Change
MGR	ALONZO TRISTAN MILES WARGOLET	15671 SW 11th Ter	Add
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an effec	e date, if other the ctive date is listed, the	date must be sp	pecific and c	annot be prior	to date of filir	ng or more tha	n 90 days afte	roman) r filing.) Pur	suant to 605.020
<u>lote:</u> I ocume:	f the date inserted in nt's effective date	n this block do on the Departi	oes not me nent of Sta	et the applic te's records	able statutor	y filing requ	irements, th	is date will	not be listed a
	ord specifies a o			te, but no	t an effec	tive time,	at 12:01	a.m. on t	he earlier o
	3∩th day after !	the record i	s filed.						
	both day arecr								
The 9				2019					
The 9	OCTOBER 9			2019					
The 9				2019					
		Signa	nure V/ me	Da	offzed represe	ntative of a m	ember		<del> </del>

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Filing Fee: \$25.00