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## **COVER LETTER**

TO: Registration S Division of Co			<b>4</b> * *
Superior E SUBJECT:	vents, ĽLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Eston W. Crowder		
		Name of Person	<u></u> -
	Superior Events, LLC		
		Firm/Company	
	6040 Bridleford Drive		
		Address	
	Wesley Chapel, FL 33525		
		City/State and Zip Code	
	ecrowderl@verizon.net		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Eston Crowder		813 727-2358 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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**

Superior Events, ELC		
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on cimited Liability Company)	our records.)
he Articles of Organization for this Limited Liability Conforda document number L05000103743	mpany were filed on October	21, 2005 and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company here:	
ne new name must be distinguishable and contain the words "Limited	d Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRE.</u>	<u>SS)</u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or register egistered agent and/or the new registered office addres		records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	eet address
	City	, Florida Zip Code

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 Revistered Agent

Page 1 of 3

# 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	Eston W. Crowder	n W. Crowder 6040 Bridleford Drive	
		Wesley Chapel	☐ Remove
		FL 33545	■ Change
MGR	Kim A. Crowder	6040 Bridleford Drive	
		Wesley Chapel	☐ Remove
		FL 33545	□ Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Add
		<u> </u>	☐ Remove
			•
		· · · · · · · · · · · · · · · · · · ·	Change

D. If amending any other information, enter change	e(s) here: (Attach additi	ional sheets, if nece	ssary.)	
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E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and canno Note: If the date inserted in this block does not meet the document's effective date on the Department of State's	e applicable statutory filir		iling.) Pursuant to 60	
If the record specifies a delayed effective date, (b) The 90th day after the record is filed.	but not an effective	time, at 12:01 a.	m. on the earl	ier of:
Dated April 4 201	· ·	en Yes	2016	
_	r or authorized representative	e of a member Lim	PB	
Eston W. Crowder, MGR Typec	or printed name of signee	1415	-5 P D	
	Page 3 of 3	F STATE FLORIDA	<del>::</del> 34	

Filing Fee: \$25.00