

LO7000059029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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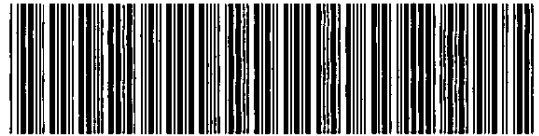
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

MAR 26 2009

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: EVENTS BY DESIGN FLORIDA, 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:

PATRICIA SHORTELL
(Name of Person)

EVENTS BY DESIGN
(Firm/Company)

1721 WHITMAN DRIVE.
(Address)

WEST MELBOURNE, FL 32904
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

PATRICIA SHORTELL at (321) 508-5933
(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**

EVENTS BY DESIGN FLORIDA, 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 6-4-07 and assigned
Florida document number L07000059029

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

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:

PATRICIA SHORTELL

New Registered Office Address:

1721 WHITMAN DRIVE

(Enter Florida street address)

WEST MELBOURNE, Florida 32904
(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 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.*

 3/1/09
(If Changing Registered Agent, Signature of New Registered Agent)

 3/1/09

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TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
MGRM	SAMANTH SENTER	5110 CARTER ST COCOA, FL 32927	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	TIMOTHY SHORTELL	1721 WHITMAN DRIVE WEST MELBORNE, FL 32904	<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

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PALM BEACH, FLORIDA

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

Dated _____, _____.


Signature of a member or authorized representative of a member
PATRICIA SHORTELL
Typed or printed name of signee

Events By Design FL, LLC

1705 Airport Blvd
Melbourne FL, 32901

February 28, 2009

To Events By Design FL, LLC

The following amendments are being made effective as of 1-1-09 to the Articles of Organization of Events By Design FL, LLC, FEI Number 64-0962799.

1. Remove Samantha Senger as Registered Agent.
2. Add Patricia Shortell as Registered Agent
3. Remove Samantha Senger as Managing Member (MGRM)
4. Add Timothy Shortell as Managing Member (MGRM)

Tim Shortell 3/1/09

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TALLAHASSEE, FLORIDA

Patricia Shortell 3/1/09 *S. Senger* 3/1/09
Patricia Shortell Date Samantha Senger Date