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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Impressional Waddings & Events, UC, 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:
Adeline N. Pierre-Louis Name of Person  Impressional Events, LCC Firm/Company
900 NE 125th Street, Suite 206
North Miami Fl. 3316/ City/State and Zip Code  anolouis @ Northail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Adeline N. Herre-Louis at (784) 355-8265 Pri on Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\infty \\$25.00 \text{ Filing Fee } \Bigcup \\$30.00 \text{ Filing Fee & } \Bigcup \\$60.00 \text{ Filing Fee,}

Certified Copy

(additional copy is enclosed)

### MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Impressional Weddin (Name of the Limited Liability Compa (A Florida Limited L	pras it now appears on our/records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L07000103432</u> .	were filed on $3/31/08$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and end with the words "Limited Liab	S 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)	900 NE 125th Street Suite 206 North Miami, Fl. 33161
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	900 NE 125th Street Suite 204 North Miami, F). 33161
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the new</u> <u>e</u> :
Name of New Registered Agent:  New Registered Office Address:  900 Nt	Eloth Streed Suite 2010  Enter Florida street address  Miami City  Florida  Enter Gap Cade
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agri	ee to act in this capacity. I further goree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	Name	Address	Type of Action
			Add
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	(optional) more than 90 days after
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be	
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