

LD7000124280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

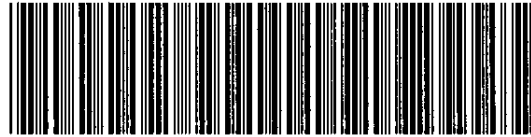
(Business Entity Name)

(Document Number)

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12 JUL 16 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUL 17 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A+ EVENTS, 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:

ANGELICA BELTRAN

Name of Person

BELTRAN ACCOUNTING SERVICES CORP

Firm/Company

6303 BLUE LAGOON DR SUITE 400

Address

MIAMI FL 33126

City/State and Zip Code

abeltran@beltranaccounting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELICA BELTRAN

Name of Person

at (305)

456-1999

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

FILED
12 JUL 16 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A+ EVENTS, 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 FLORIDA and assigned
Florida document number L07000124280.

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:

2225 Cordoba Bend

(Principal office address MUST BE A STREET ADDRESS)

Weston FL 33327

Enter new mailing address, if applicable:

2225 Cordoba Bend

(Mailing address MAY BE A POST OFFICE BOX)

Weston FL 33327

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:

Angelica Beltran

New Registered Office Address:

6303 Blue Lagoon Dr Suite 400

Enter Florida street address

Miami

Florida

33126

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.


If Changing Registered Agent, Signature of New Registered Agent

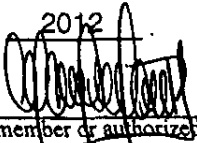
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>VANESSA MARTINEZ</u>	<u>4228 PINE RIDGE COURT</u> <u>WESTON FL 33331</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>MARIA CELIA MARTINEZ</u>	<u>2225 Cordoba Bend</u> <u>Weston FL 33327</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u> <u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u> <u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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<u> </u>	<u> </u>	<u> </u> <u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated July 1, 2012



Signature of a member or authorized representative of a member

MARIA CELIA MARTINEZ

Typed or printed name of signee

FILED
12 JUL 16 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA