L08000015005

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SECRETARY OF STATION ON VISION 22 AM 11: 46

N. Culligan NOV 23 2010

COVER LETTER

TO:	Registration Se Division of Cor		*	*	
SUBJI	ECT:				
		Name of Limite	d Liability Company		
The en	closed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please	return all correspon	ndence concerning this matter to	o the following:		
	Anthony G Birchette				
	Name of Person				
Firm/Company				 _	
					
			Address		
			era Beach FL 33404 City/State and Zip Code		
			City/State and Zip Code		
E-mail address: (to be used for future annual report notification)					
For fur	ther information co	oncerning this matter, please cal	l:		
Anthony G Birchette at (561) Name of Person Area Coo		at (561) 25 Area Code & Daytime T	54-0686 elephone Number		
Enclose	ed is a check for th	e 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 FILED ARTICLES OF ORGANIZATION SECRETARY OF STATE OF DIVISION OF CORPORATIONS

10 NOV 22 AM IT: 46

Bash Event	Group LLC.		
(Name of the Limited Liability Compa (A Florida Limited I	iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number # L08000075005	were filed on November 1 2010 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	527 EAST RIDGE CIRCLE SOUTH BOYNTON		
(Principal office address MUST BE A STREET ADDRESS)	BOYNTON BEACH FL 33435		
Enter new mailing address, if applicable:	527 East Ridge Circle South		
(Mailing address MAY BE A POST OFFICE BOX)	BOYNTON BEACH FL 33435		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	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 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>	Address	Type of Action
MGRM	Anthony G Birchette	1081 Centerstone Lane Riviera Beach FL 33404	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendir	ng any other information, enter change(s	here: (Attach additional sheets, if necessary.)	SECRETARY DIVISION OF CO
			AHIT SO
Dated	, , , , , , , , , , , , , , , , , , , ,	·	
-	Anthon G.B.	authorized representative of a member Chehe printed name of signee	

Page 2 of 2

Filing Fee: \$25.00