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2009 MAY -4 PM 12: 37
SECRETARY OF STATE

T. CLINE

MAY - 5, 2009

EXAMINER

COVER LETTER

SUBJECT: M&E Weddings, Planning and Consulting, LLC (Name of Limited Liability Company)					1
	Amendment and fee(s) are sub	-			
Please return all correspo	ondence concerning this matter	to the following:			
	Monica Wetherington-Lu	go			
		(Name of Person)			
	M&E Weddings, Planning	g and Consulting, LLC.			
		(Firm/Company)			
	7601 Byron Avenue #2D				
		(Address)		•	
Miami Beach, Florida 33141				TAY TAY	
		(City/State and Zip Code)		CRE	7
For further information of	concerning this matter, please c	all:		2009 MAY -4 PM 12: 37 SECRETARY OF STATE TALLAHASSEE.FLORID	
Monica Wetherington-	Lugo	at (786) 427-5360		F S 1	
(Name	of Person)	(Area Code & Daytime T	elephone Number)	: 37 DRIDA	
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)	Certified C	of Status &)

MAILING ADDRESS:

то:

Registration Section Division of Corporations

> 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

M&E Weddings, Planning and Consulting, LLC. (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records Liability Company)	<u>.)</u>		
The Articles of Organization for this Limited Liability Company	were filed on August 19, 2008	and assigned		
Florida document number <u>I 08000079591</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:	b-mergiff V		
Infinity Weddings & Events, LLC.				
The new name must be distinguishable and end with the words "Limit"L.L.C."	ited Liability Company," the designati			
Enter new principal offices address, if applicable:	7601 Byron Avenue	ZOOS HA		
(Principal office address MUST BE A STREET ADDRESS)	#2D	5-1		
	Miami Beach, Florida 33141	SSI SSI		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 414596	PHI2: 37		
	Miami Beach, Florida 33141			
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:				
	, 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 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>	Name	Address	Type of Action
MGRM_	Erika M Gonzalez	2025 NE 164th Street # 619	□ Add 7 Remove
		North Miami Beach, Florida 33162	
			Add
			Remove
			Add
			Remove
			7AL
			R Roove
			SSE TO Add
	•		Remarke C
		7 Add	
			Remove
D. If amend	ing any other information, enter	change(s) here: (Attach additional sheets, if necessary	v.)
Dated April 1	2	2009 .	
	Monica Wo	therington-Lugo	
	Monica Wet	member or authorized representative of a member	· ·
	- WITICA PURT	Typed or printed name of signee	•

Page 2 of 2

Filing Fee: \$25.00