## U80000 98292

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M. THOMAS
FEB 2 3 2009
EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co		·		
SUBJECT:	Fiesta Events	LLC		
SOBJECT.	(Name of Limi	ited Liability Company)	,	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	Nelson	Huertzs (Name of Person)		
·	How	Hinlan.		
	1-1-	(Firm/Company)		
	2682 Sat	Springs eide	apt 205	
	Clearwat	Er IFL 33761		
		(City/State and Zip Code)		28 09 28 39
For further information	concerning this matter, please c	all:		09 FEB 20 SECRETARY TALLAHASSE
Ne/sa	n Huertzs	at (813) 300 26	54	177
(Name of Person)		(Area Code & Daytime Telephone Number)		OF STATE
				AND CO
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 St Certified Copy (additional.copy	tatus &
Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente	ons	
Tana	massee, I to 34317	Tallahassee, FL 3230		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fiesta Events, A	44	
(Name of the Limited Liability Compa- (A Florida Limited L	ay as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L0800098292.	were filed on 10/20/2008	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:	
NA	·	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC	C" or the abbreviation
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		F8 09
Enter new mailing address, if applicable:	70 Box 26398 Tampa, FL 33623	PILET PARY O PASSEE
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33623	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		name of the new
Name of New Registered Agent:	<u>/a</u>	
New Registered Office Address:		
	(Enter Florida street addre	
	(City) 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

Type of Action **Title** Name | **Address** MANGRE JAIROF. MGRM Remove N)A Remove Add Remove VA D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00