L09000032585

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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то:	Registration Sec Division of Corp		Tale.	ow().	PALS:	
SUBJEC		EVENT DECOR LLC				
SOBJEC	-: <u></u>	Name of Lin	nited Liability Company			
The encl	losed Articles of A	Amendment and fee(s) are su	bmitted for filing.			
Please re	eturn all correspor	ndence concerning this matte	r to the following:			
		ERIC KARTER				
			Name of Person			
		FLORIDA EVENT DEC	OR			
			Firm/Company			
		4630 S. KIRKMAN ROA	D#174			4
			Address		-	HP9
		ORLANDO FL 32811				17 APR 24
			City/State and Zip Code			7
		INFO@FLORIDAEVENT				د
			(to be used for future annual r	eport notification)		•
For furth	er information co	ncerning this matter, please of	all:			
ERIC K			407 574 at ()	-4323		
	Name of	Person	Area Code	Daytime Telepho	ne Number	
Enclosed	is a check for the	following amount:				
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy		\$60.00 Filing Fee, Certificate of Sta	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA EVENT DECOR, LLC		
(Name of the Limited L (A F	iability Company as it now appears on our r lorida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabil Florida document number L09000032585	ity Company were filed on 04/19/2017	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	APR 24 PH W 00
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, 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 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ERIC KARTER	4630 S. KIRKMAN ROAD #174	■ Add
		ORLANDO, FL 32811	Remove
			Change
			□ Remove
			Change
			Remove
			Change Change
			Add 2
			Change Change
			□ Change
		· · · · · · · · · · · · · · · · · · ·	
			Remove
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ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	ock does not meet the appl	icable statutory filir	(option more than 90 days after fil ng requirements, this d	ial) ling.) Pursuant to 605.0207 late will not be listed as
record specifies a delayed The 90th day after the reco	effective date, but r ord is filed.	not an effective	time, at 12:01 a.r	m. on the earlier of
APRIL 19	2017	<u> </u>		

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Filing Fee: \$25.00