

L09000054180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

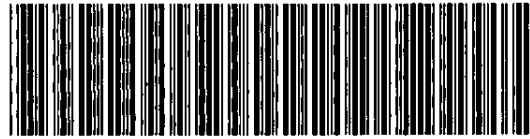
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100227840021

04/09/12--01032--005 **30.00

2012 APR -9 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

APR 10 2012

EXAMINER

TO: Registration Section
Division of Corporations

SUBJECT:

Kismet Weddings & 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:

Elsa Blanco-Bridgen

Name of Person

Simply Kismet Weddings & Events

Firm/Company

1570 NW 128 Dr. #108

Address

Sunrise, FL. 33323

City/State and Zip Code

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

For further information concerning this matter, please call:

Elsa Blanco-Bridgen

Name of Person

at (954) 281-2444

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 APR -9 AM 10:58

FILED

TO
ARTICLES OF ORGANIZATION
OF

Kismet Weddings & 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 4/5/2012 and assigned
Florida document number L09000054180

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Simply Kismet
Weddings & Events, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

1570 NW 128 Drive Apt. 108 Sunrise, FL. 33323

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

Elsa Blanco-Bridgen

New Registered Office Address:

1570 NW 128 Dr. #108
Enter Florida street address

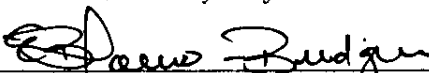
Florida

City Sunrise

Zip Code 33323

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

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>
--------------	-------------	----------------	-----------------------

<input type="checkbox"/>	Add
<input type="checkbox"/>	Remove

<input type="checkbox"/>	Add
<input type="checkbox"/>	Remove

<input type="checkbox"/>	Add
<input type="checkbox"/>	Remove

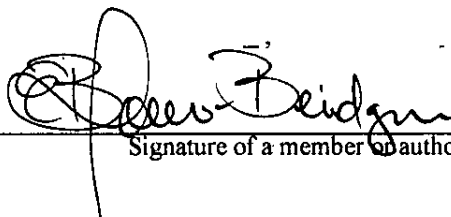
<input type="checkbox"/>	Add
<input type="checkbox"/>	Remove

<input type="checkbox"/>	Add
<input type="checkbox"/>	Remove

FILED
201 APR -9 AM 10 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Dated _____



Signature of a member or authorized representative of a member

Typed or printed name of signee