

L09000092754

(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



800172025348

03/18/10--01013--017 **25.00

FILED
10 MAR 18 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 19 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHERRY ON TOP EVENT PLANNING, L.L.C

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:

AMY BORGE

Name of Person

CHERRY ON TOP EVENT PLANNING, L.L.C

Firm/Company

1115 BASSWOOD PLACE

Address

WELLINGTON, FL 33414

City/State and Zip Code

GARRYANDAMY@AOL.COM

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

FILED
10 MAR 18 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

AMY BORGE

Name of Person

at (**561**)

629-4563

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CHERRY ON TOP EVENT PLANNING, L.L.C

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
10 MAR 18 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/24/2009 and assigned
Florida document number L09000092754

This amendment is submitted to amend the following:

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

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)

1115 BASSWOOD PLACE

WELLINGTON, FL 33414

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1115 BASSWOOD PLACE

WELLINGTON, FL 33414

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:

AMY BORGE

New Registered Office Address:

1115 BASSWOOD PLACE

Enter Florida street address

WELLINGTON

City

, Florida

33414

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:

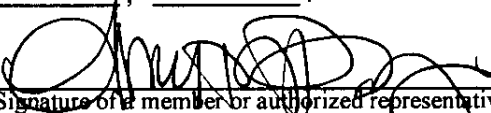
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALYSSA GARD	7043 PINE MANOR DR. LAKE WORTH, FL 33467	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	LINDSAY SEWELL	7166 PINE BLUFF DR. LAKE WORTH, FL 33467	<input type="checkbox"/> Add <input checked="" 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

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

Dated MARCH 15 2010


 Signature of a member or authorized representative of a member

AMY BORGE

Typed or printed name of signee

FILED
 10 MAR 18 PM 2:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA