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(R	equestor's Name)			
(A	ddress)			
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(C	ity/State/Zip/Phone #)			
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SECRETARY BY SYSTEM DIVISION OF CORPORATION

COVER LETTER

TO: Registration S Division of Co			•
SUBJECT:	Name change	and Member Remova	1
Sobolie I.		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		Katrina Blackledge	
		Name of Person	
		Event Success LLC	
		Firm/Company	
		PO Box 2107	
		Address	
		Melbourne, FL 32902	
		City/State and Zip Code	
	Katrina	a@EventSuccessLLC.cor	<u>n</u>
		to be used for future annual report no	tification)
For further information of	concerning this matter, please of	call:	
Br	enda Abbate	at (_888_)	773-8878
Name o	of Person		ime Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist	LING ADDRESS: ration Section on of Corporations	STREET/COU Registration Sec Division of Corp	
P.O. B	lox 6327 assee, FL 32314	Clifton Building 2661 Executive	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gifted Expression	is to Delight LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document numberL0900093988	were filed on September 29, 2009	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:		
Exceptional G	Sifting LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation "LLC"	or the abbreviation	
Enter new principal offices address, if applicable:	Event Success LLC		
(Principal office address MUST BE A STREET ADDRESS)	102 E New Haven Ave #105, Melbourne, FL		
	32901		
Enter new mailing address, if applicable:	PO Box 2107, Melbourne, FL 3290	02	
(Mailing address MAY BE A POST OFFICE BOX)			
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:		DIVERSION OF COSTICE AT A 2: 35	
		n 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 Name Address Title** MGRM Diane Hutchinson-Fontana 1 Valley View Drive ∐ Add North Grafton, MA 01536 ✓ Remove ☐ Add ☐ Remove _ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 19 2010 Dated Signature of a member or authorized representative of a member Katrina Blackledge Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00