L1000003728

(Re	equestor's Name)			
(Ac	ldress)			
(110	141000)			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
,	,	•		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Oc	ocument Number)			
(50	ourners startizes,			
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			
<u> </u>	<u>.</u>			





600163866116

01/25/10--01005--021 **25.00

FILED

10 JAN 25 PM 1: 54

SEUTETARY OF STATE

COVER LETTER

Division of Co	rporations		
SUBJECT:	Vulcan	Events, LLC	
30bJEC1:		ed Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Fernando Martinez	
		Name of Person	
	\	Vulcan Events, LLC	
		Firm/Company	
	19	5841 Pines Blvd #28	
		Address	
	Pem	broke Pines, FL 33027	
		City/State and Zip Code	
	E-mail address: (to	o be used for future annual report notificat	tion)
For further information	concerning this matter, please ca	all:	
	avier Garcia	a. (98-4035
Name	of Person	Area Code & Daytime T	elephone 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:

TO: Registration Section

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**

FILED

10 JAN 25 PM 1: 54 SECRE LAND Vulcan Events 11 C

V U	ican Events, LEC	<u> </u>	I OF STATE
(<u>Name of the Limited Liab)</u> (A Florid	lity Company as it now appeada Limited Liability Company)	rs on our necorns. SS	EE, FLORIDA
The Articles of Organization for this Limited Liability Florida document numberL1000003728	· ·	1/11/10	and assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, <u>enter</u>	the name of the no
Name of New Registered Agent:			 -
New Registered Office Address:	En	nter Florida street ac	ldress
		, Florida _	
	City		Zip Code
New Registered Agent's Signature, if changing Registe	ered 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 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 <u>Name</u> Address MGRM Javier Garcia 15841 Pines Blvd #102 ✓ Add Remove Pembroke Pines, FL 33027 ☐ Add _____ Remove Remove Remove ∏Add _____Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _____ January 21 Signature of a member of authorized representative of a member Fernando Martinez Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00