

L10000005710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

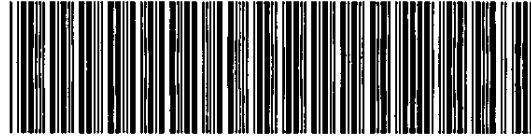
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400263677444

08/28/14--01024--003 **43.75

FILED
2014 SEP 19 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan SEP 19 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Swankey 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:

Monika Moreno
Name of Person
Swankey Events
Firm/Company
22 Calle Uno
Address
Key West FL 33090
City/State and Zip Code
monika@swankeyevents.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monika Moreno at (305) 304-6020
Name of Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2014

MONIKA MORENO
22 CALLE UNO
KEY WEST, FL 33040

SUBJECT: SWANKEY EVENTS, LLC
Ref. Number: L10000005710

We have received your document for SWANKEY EVENTS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 714A00019376

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2014 SEP 19 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Swankey Events

(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 9/16/14 and assigned
Florida document number L10000005710

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

22 Calle Uno
Key West Fl. 33040

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

22 Calle Uno
Key West Fl. 33040

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:

Monika Moreno

New Registered Office Address:

22 Calle Uno

Enter Florida street address

Key West

City

Florida

33040

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.

Monika Moreno
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR AMBR	Megan Jones	1106 White St.	☐ Add
		Key West Fl. 33040	☒ Remove
MGR AMBR	Monika Moreno	22 Calle Uno	☒ Add
		Key West Fl. 33040	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 9/17/14, _____

Megan Jones

Signature of a member or authorized representative of a member

Megan Jones

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 SEP 19 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA