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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : STANTON AND GASDICK, P.A.

. Account Number : 075350000152 : (407)423-5203 Phone

: (407)425-4105 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address: M: ( ) ( ) ( ) ( ) ( ) ( )

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RJS EVENTS, LLC

Certificate of Status	0
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

• 1

SUBJECT:

RJS 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:

	Michael J. Gasdick		
		Name of Person	
	Gasdick Stanton Early, P.	<b>A</b> .	
	<del></del>	Firm/Company	
	1601 W. Colonial Drive		SECTION IN
		Address	<b>全国</b> 员 []
	Orlando, FL 32804		1555 2555 2555 2555 2555 2555 2555 2555
		City/State and Zip Code	70
	mick@gse-law.com		
	E-mail address:	(to be used for future annual report notif	ication)
For further information	concerning this matter, please of	all;	Ş
Michael J. Gasdick		407 423-5203	
Name	of Person		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

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

RJS Events, LLC				
(Name of the Limi	ted Liability Comp (A Florida Limited	ny as it now appears on our record Liability Company)		
The Articles of Organization for this Limited L. Florida document number £10000032825	iability Company	were filed on 03/25/2010	and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	1601 W. Colonial Drive		
(Principal office address MUST BE A STREE	TADDRESS)	Orlando, FL 32804	78 5	
			THE 3	
Enter new mailing address, if applicable:		1601 W. Colonial Drive		
(Mailing address MAY BE A POST OFFICE	BOX)	Orlando, FL 32804		
			55 =	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			s, enter the name of the new	
New Registered Office Address:	1601 W. Color	ual Drive		
Hew Acquires Office Address.	<del> </del>	Enter Florida street addres	35	
	Orlando	, Fl	orida <u>32804</u>	
		Clay	Ztp Code	
New Registered Agent's Signature, if changing I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	ed agent and agr er and complete stered agent as registered office	ee to act in this capacity. I fu performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is	
	If Cha	nging Registered Agent, Signature	of New Registered Agent	
(((H15000307509 3)))	Page	1 of 3		

MGR = Manager

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## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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			D Change
			□ Add
			Remove
			Change
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iet If the date inserted in this block does not meet the ument's effective date on the Department of State's	(optional)  the prior to date of filing or more than 90 days after filing.) Pursuan e applicable statutory filing requirements, this date will not records.  but not an effective time, at 12:01 a.m. on the	De list
ed 12/31 . 201	<u>5</u>	
_ Macholola	r or authorized representative of a member	<del></del>
Signature of Amethod		
Signature of gradules  Michael J. (	or printed name of signee	

Filing Fee: \$25.00