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I SAULSBERRY EXAMINER MAR 13 2013

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

## At Last, Wedding and Event Design, LL

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:

Suzanne D. Meehle, Esq.

Name of Person

The Meehle Law Firm, P.A.

Firm/Company

115 Maitland Avenue

Address

Altamonte Springs, FL 32701

City/State and Zip Code

suzanne@meehle.com

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

For further information concerning this matter, please call:

Suzanne Meehle

407 792-0790

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

At Last, Wedding and event Design, LLC

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

he Articles of Organization for this Limited Liability Company were filed on 07/01/2010		2010	and assigned		
Florida document number L10000071027	<del>/</del> .				
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liability company here:				
AT LAST WEDDING AND EVEN	T DESIGN, LLC				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Company," th	e designation "LLC	or the abb	reviation	
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	T ADDRESS)				
		<u> </u>	-	"11	
	<del></del>	77.7		9 / CHOPT	
Enter new mailing address, if applicable:			~ ~	; <b>T</b> :	
(Mailing address MAY BE A POST OFFICE BOX)		Ξ,	, <b>3</b>		
Transing want can that DD 111 OD 1 O1 11 OD			<del>99</del> -		
		7.75 7.4	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
B. If amending the registered agent and/or the new registered of		cords, <u>enter the</u>	name of t	the new	
Name of New Registered Agent:	Suzanne D. Meehle, Esq.				
New Registered Office Address:	115 Maitland Avenue				
New Registered Office Address.	Enter Florida street address				
	Altamonte Springs	Florida 327	, Florida 32701		
	City Zip Co		Zip Code		
New Degistered Agent's Signature if changing I	Registered Agent:				

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

Page 1 of 3

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>Address</u> **Type of Action Title Name** Add Remove Add Remove Add-Remove Remove Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  FEI/EIN Number is 27-3108621	
Dated February 27 2013	
Selve De de	
Signature of a member or authorized representative of a member Suzanne D. Meehle, Esq.	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00