## L10000072499

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	nt Number)
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: A Rivera Event dba 123 Party 40 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:
Vancson Rivera.
Name of Person  A Rivera Event  Firm/Company
10030 Sui 38 Tom.
City/State and Zip Code  infa e a rive a event, com.  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vanossa Rivera at (786) 226-4293.  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\frac{1}{2}\$\$30.00 Filing Fee \$\frac{1}{2}\$\$Certificate of Status \$\frac{1}{2}\$\$Certified Copy (additional copy is enclosed)  \$\frac{1}{2}\$\$\$\$ (additional copy is enclosed)  \$\frac{1}{2}\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$

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

RECEIVED

13 MAR 21 AM 6: 41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 6, 2013

VANESSA RIVERA 10030 SW 38 TERR MIAMI, FL 33165

SUBJECT: A RIVERA EVENT, LLC Ref. Number: L10000082499

We have received your document for A RIVERA EVENT, 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 813A00005326

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Rivera	Event LLO	· · · · · · · · · · · · · · · · · · ·	
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears or da Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability	y Company were filed on	2010 and	
Florida document number <u>L100000 8 2</u> C	199.		SECRETA SECRETA
This amendment is submitted to amend the following	:		- PH
A. If amending name, enter the new name of the li	imited liability company here:		3: RATE
123 Party 4L	) LIC		91 SHOU
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the	e 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 regregistered agent and/or the new registered office ag	gistered office address on our ddress here:	records, <u>enter the name</u>	of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	Florida street address	
<u> </u>		, Florida	
	City	Zip Cı	ode

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Vanossa Rivera	10030 SW 38 Terr	XAAA Change
		10030 SW 38 Terr Miani F1 33165	Remove
			Remove
		<del></del>	Remove
			SECRE TARY OF THE CORRECT OF THE COR
			PH 3: 16
			Add
			Remove
	<del></del>		Add
			Remove

-	
-	
ted	3/11/2013.
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00