## 1000084343

(Re	equestor's Name)		
(Ac	Idress)		
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(Ci	ty/State/Zip/Phon	e #)	
	•		
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(Bu	isiness Entity Nai	me)	
(Document Number)			
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AUG 1 8-2010

**EXAMINER** 



500184051135

08/16/10--01027--003 \*\*25.00



## **COVER LETTER**

Divisio	n of Co	porations			
SUBJECT:	Oc	Occasions, Weddings and Events by Katelynn, LLC  Name of Limited Liability Company			
The enclosed A	rticles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all	correspo	ondence concerning this matter	to the following:	t.	
			Katelynn Tonkin Name of Person		
		Occasions, Wed	ddings and Events by Katel	ynn, LLC	
			Firm/Company		
		<del></del>	1701 Hillside Dr Address	that the state of	
			Tampa, FL City/State and Zip Code		
For further infor	mation c	Kately E-mail address: (	nn@floridaoccasions.com to be used for future annual report notif	ication)	
	Kat	elynn Tonkin f Person	at ( 813 )	774-1564 e Telephone Number	
Enclosed is a ch	eck for t	he following amount:			
<b>[] \$</b> 25.00 Filin	g Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registr Division P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li (A Fi	alings and ability Compan orida Limited Li	EVENTS DY P IV as it now apperiability Company	<b>ars on our records.</b> )	)	-	
The Articles of Organization for this Limited Liab Florida document numberL1000008434	• • •	were filed on	August 11, 20	10 and	assign	ned
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of th	e limited liabi	lity company h	ere:			
	n/a					
The new name must be distinguishable and end with to "L.L.C."	he words "Limit	ted Liability Com	pany," the designation	on "LLC" or t	the abb	reviation
Enter new principal offices address, if applicab	le:	n/a		254		
(Principal office address MUST BE A STREET	ADDRESS)	<del> </del>		Fo	) >	
				ŒŌ.	3	1
					16	Parties Samuel
Enter new mailing address, if applicable:		n/a			AH	$\Box$
(Mailing address MAY BE A POST OFFICE BOX)					N	-
			<u> </u>	Con de la constante de la cons	50	
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, ent	4***	e of t	the new
Name of New Registered Agent:	IVA	, · · · · · · · · · · · · · · · · · · ·		<del></del>	·	
New Registered Office Address:	n/a					
		I.	Inter Florida street	address		
			, Florida			
		City		Zip C	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 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>	Address	Type of Action
MGRM	Katelynn M Tonkin	1701 Hillside Dr Tampa, FL 33610	Add Remove
<del></del>	<del></del>		Add Remove
			Add Remove 
			Add Remove
	<del>-11</del>		Add Remove
	***************************************		Add Remove
	la	ange(s) here: (Attach additional sheets, if necessary.)	
_			<del>-</del>
	•	•	<del></del>
	Signature of a men	o M Tokin nber or authorized representative of a member	<del>*********</del>
	TV	roed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00