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COVER LETTER

	Registration Se Division of Cor			
SUBJEC'		COVEY LLC		
(A) DJ EC	••-	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
			ADRIANA COVEY	
			Name of Person ADRIANA COVEY LLC	
			Firm/Company 714 HANGING MOSS RD	
			Address DAVENPORT, FL 33837	
		ESPRESS	City/State and Zip Code SOEVENTSADRIANA@GMAIL.COM	Λ
		E-mail address: (to be used for future annual report notifi	cation)
For furthe	r information co	oncerning this matter, please ca	all;	
ADRIAN	A COVEY		407 7332656	
	Name o	Person	at () Area Code Daytime	Telephone Number
Enclosed i	is a check for th	e following amount:		
□ \$25,00	0 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

ADRIANA CC	VET LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Linuted Lia	as it now appe	ars on our records.)	
(A Florida Limited Lia	bility Company))	
The Articles of Organization for this Limited Liability Company w	ere filed on _	08/31/10	and assigned
Florida document number L10000091485			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	t <u>y company l</u>	nere:	
ESPRESSO EVENT	rs LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the	designation "LLC" or t	he abbreviation "L.L.C."
		2	
Enter new principal offices address, if applicable:			2
(Principal office address MUST BE A STREET ADDRESS)			7A 7
	··		
			9
Enter new mailing address, if applicable:			
		· · · · · · · · · · · · · · · · · · ·	,
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registered office	ce address o	n our records, en	iter the name of the ne
registered agent and/or the new registered office address here:		n var records, <u>en</u>	ter the bank of the he
Name of New Registered Agent:			
North Control			
New Registered Office Address:	Enter El	orida street address	
	Luier Fie	mua sireet gaaress	
		, Florid:	1
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaceept the obligations of my position as registered agent as pro-	rformance o	f my duties, and Le	am familiar with and
being filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	ldress, I herc	by confirm that the	e limited liability

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			
			□ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			□ Add
		<u>-</u>	☐ Remove
			Change
			□ Remove
		•	Change
			□ Remove
			Change
			□ Add
			Remove
			□ Change

13. If amending any other unormation, enter change(s) here. (Anach daamonal sheets, if necessary.)
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)6 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated August 30 . 2019
Signature of a member or leath of ized representative of a member
ADRIANA COVEY Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00