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SECRETARY OF STATE

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EXAMINER

# **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:	Name of Limit	Y EVENTS, LLC led Liability Company	<del>-</del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RIC	HERRERO Name of Person	
	EASY COM	PANY EVENTS, L	LC
	3470 €	COAST AVE, APT	77/3_
	MIAMI	FL 33/37 City/State and Zip Code	<u> </u>
	E-mail address: (1	O be used for future annual report notification	SECRETA NAS ALLAHAS
For further information c	concerning this matter, please c	all:	(A):49
		at ( <u>917)</u> <u>796 - 104</u> Area Code & Daytime Tel	lephone Number
Enclosed is a check for t	he 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

(Name of the Limited Liability (A Florida Li	DY EVENTS LL Company as it now appears on o	ur records.)	
(A Florida Li	mited Liability Company)		
The Articles of Organization for this Limited Liability Co.	mpany were filed on/_	$\frac{\sqrt{5/2011}}{2000}$ and assigned	
Florida document number <u> </u>	_•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
,	- · · · · · · · · · · · · · · · · · · ·		
The new name must be distinguishable and end with the words	s "Limited Liability Company," th	e designation "LLC" or the abbreviation	
'L.L.C."		574	
Enter new principal offices address, if applicable:	11/1		
Principal office address MUST BE A STREET ADDRE	(223)	<u> </u>	
		S = 7.	
		**************************************	
Enter new mailing address, if applicable:	/.		
• • •	<u> </u>	778 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or register	rad office address on our re	cords ontor the name of the new	
registered agent and/or the new registered office addre	ess here:	cords, enter the name of the new	
Name of New Registered Agent:	1/4		
New Registered Office Address:	Fnter Fle	orida street address	
	Linei Pioritta Street adaress		
<del></del>	City	, Florida Zip Code	
	City	гір Соае	

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 Address Type of Action <u>Title</u> <u>Name</u> 1715 NE 180 STREET NORTH MIAMI BEACH, FL 652 NE 63 STREET, #301 PAdd MIAMI, FL 33/38 PRem ☐ Add Remove ☐ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated FEBRUARY 16, 2011. Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00