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EXAMINER



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SLORETARY OF STATE
ALL AHASSEF, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations	Sweet P	ea Events, LLC		
SUBJI	ECT:				
		Name of Lin	nited Liability Company		
The en	closed Articles of Amendment	and fee(s) are su	bmitted for filing.		
Please	return all correspondence conc	erning this matte	er to the following:		
			Megan Haw		
			Name of Person		
		Sı	weet Pea Events, LL	.C	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company		
			460 Briercliff Drive		
	Address				
	Orlando, FL 32806				
	City/State and Zip Code				
			@sweetpeaevent.co		
	\	E-mail address:	(to be used for future annual rep	port notification)	
For fur	ther information concerning th	is matter, please	cali:		
	Abby Crangle	.	at (_407)	802-	0108
	Name of Person		at (407)	t Daytime Teleph	one Number
Enclos	ed is a check for the following	amount:			
<u> □ \$25</u>	6.00 Filing Fee \$\square\$\square\$\$\$\square\$\$\$\square\$\$\$\$ Certi	Filing Fee & ficate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is c	Ļ	Certificate of Status & 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 Sweet Pea Events, LLC

(Name of the Limite	d Liability Company A Florida Limited Lial	as it now appear bility Company)	s on our records.) 1/12/2011		
The Articles of Organization for 1114 11100001	1678ty Company w	ere filed on		and assigne	d
Florida document numberL11000	004693				
Γhis amendment is submitted to amend the fol	lowing:				
A. If amending name, <u>enter the new name (</u>	of the limited liabilit	ty company her	<u>e</u> :		
The new name must be distinguishable and end w. L.L.C."	ith the words "Limited	d Liability Compa	ny," the designation "L	LC" or the abbre	viation
Enter new principal offices address, if appli-	cable:				
Principal office address MUST BE A STRE	ET ADDRESS)				젔
	-			C ∑×	AUG
Enter new mailing address, if applicable:				TARY TASSE	29
Mailing address MAY BE A POST OFFICE			E S	PH	
	_			0-4	Ÿ
				RID.	69
 If amending the registered agent and registered agent and/or the new registered or 		e address on o	our records, enter th	ne name of th	e new
Name of New Registered Agent:	Abigail Rache	l Crangle			
New Registered Office Address:	460 Briercliff [ter Florida street addr	ess	<u> </u>
		Orlando	, Florida	32806 Zip Code	- (- a' a - a

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> MGR	<u>Name</u> Abigail Rachel Crangle	Address	Type of Action
MGR	Abigali Rachei Crangle	460 Briercliff Drive Orlando, FL 32806	밁
		Change, 12 32000	□ 木dd □ Remove
	· · · · · · · · · · · · · · · · · · ·		
			d Remove
			C Konove
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D. If ame	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.))
Abj	gail Rachel Cohen was recently n	narried and has changed her last name	to
		_	
Cra	ingle. She is currently listed as the	e Registered Agent, as well as a Manag	ung
Me	mber. We just need you to change	e her last name.	
_			
-			
Dated	August 21 20	n 12 .	
	Signature of a member	ful Crangle r or authorized representative of a member	
		Abigail Manera Crande	
	Туреф	Moigraff Orangle ignee	

Page 2 of 2

Filing Fee: \$25.00