

LI10000416317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

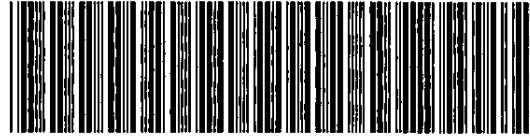
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TALLAHASSEE FLORIDA

JUN 18 2014
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2014

OLGA C. CLAXTON
2985 SW FLUVIA ST
PORT ST. LUCIE, FL 34984

SUBJECT: CELESTE WEDDING CREATIONS AND CLEANING SERVICES,
LLC
Ref. Number: L11000046317

We have received your document for CELESTE WEDDING CREATIONS AND CLEANING SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 414A00005524

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TALLAHASSEE
FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Celeste Wedding Creations and Cleaning Services, LLC
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:

Olga C Claxton

Name of Person

Celeste Wedding Creations and Cleaning Service, LLC

Firm/Company

2025 SW Gemini Ln

Address

Port St Lucie, FL 34984

City/State and Zip Code

caesarc27@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olga C Claxton

Name of Person

at **321 460-4678**

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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TALLAHASSEE, FL
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Celeste Wedding Creations and Cleaning Service, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/19/2011 and assigned
Florida document number L11000046317.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Celeste Event Creations, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2025 SW Gemini Lane

(Principal office address MUST BE A STREET ADDRESS)

Port St Lucie, FL 34984

Enter new mailing address, if applicable:

2025 SW Gemini Lane

(Mailing address MAY BE A POST OFFICE BOX)

Port St Lucie, FL 34984

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Warren Claxton	2025 SW Gemini Lane, Port St Lucie, Fl 34984	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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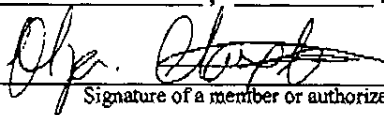
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 17, 2014



Signature of a member or authorized representative of a member

Olga C Claxton

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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