

L11000121332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entry Name)

(Document Number)

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11 DEC -6 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER BETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Milestone Moments Party Planning, 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:

Jacqualin E Williams

Name of Person

Milestone Moments Party Planning, LLC

Firm/Company

403 Barclay Avenue

Address

Altamonte Springs, FL 32701

City/State and Zip Code

jackie@jmeyers.com

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

For further information concerning this matter, please call:

Jacqualin E Williams

Name of Person

at (**407**)

492-4960

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2011

JACQUALIN E. WILLIAMS
403 BARCLAY AVENUE
ALTAMONTE SPRINGS, FL 32701

SUBJECT: MILESTONE MOMENTS PARTY PLANNING, LLC
Ref. Number: L11000121332

We have received your document for MILESTONE MOMENTS PARTY PLANNING, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 411A00025308

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

Milestone Moments Party Planning, 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 October 24, 2011 and assigned
Florida document number L11000121332.

This amendment is submitted to amend the following:

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

Milestone Moments Party Planners, 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:

(Principal office address MUST BE A STREET ADDRESS)

Maria Long / Jacouline E. Williams
402 Barclay Avenue
A1 Tamonte Spgs, FL 32701

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

402 Barclay Ave

Enter Florida street address

A1 Tamonte Springs
City

Florida

FILED
11 DEC -6 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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 of our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

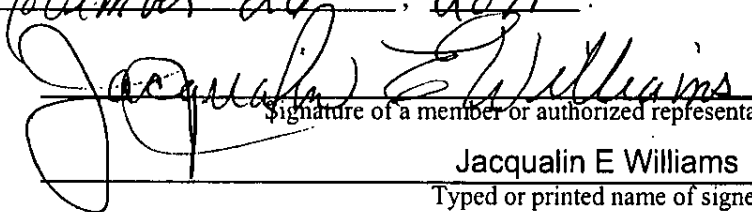
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated November 26, 2011



Signature of a member or authorized representative of a member

Jacquelin E Williams

Typed or printed name of signee