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COVER LETTER

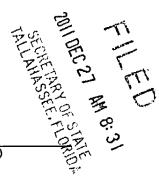
TO: Registration Section Division of Corporations
SUBJECT: Yaya & Nisha's Unforgettable Events, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Please return all correspondence concerning this matter to the following:
Gloria P. Oliva Name of Person
Yaya, Nisha, & Yuny's Unforgettable Events, LLC
519 Hibiscus Avenue Address
City/State and Zip Code YNY Unforgettable vents @ gmail. com E-mail address. (to be used for future annual deport notification) NEW E-MAIL ADDRESS
For further information concerning this matter, please call:
Gloria P. Oliva Dinesha Edwards, 239, 357-6277 239-699-0048 Name of Person Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ Certificate of Status 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



Yaya & Nisha's Unforgettable	tvents, LLC	(S) (S)	
(<u>Name of the Limited Llability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	Em .	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 11000124248</u>	were filed on 10 31 2011	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
Yaya, Nisha, & Yuny's Unforgettable Ever	nte . I.L.C		
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Company," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:	SAME		
(Principal office address MUST BE A STREET ADDRESS)	519 Hibiscus Av	enue	
·	Lehigh Acres, FL	33972	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		the name of the new	
Name of New Registered Agent:	the second of th		
New Registered Office Address:	Francisco Plant de atracto	ddaga	
	Enter Florida street address		
	, Florida _	7in Codo	
	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 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 **Title** Name **Address Type of Action** Knaysy Alvarez MGR 10952 SW 25th Street Miami, FL 33165 Remove ☐ Add Remove ☐ Add Remove Add Remove $\prod Add$ Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Email address is now - YNY Unforgettablevents @gmail. com 12/20/2011 Dated member of authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00