

# # L 1200004653

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC  
 Account Number : 120070000160  
 Phone : (800) 494-3124  
 Fax Number : (561) 455-9885

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12 JAN 25 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EVENT SERVICES 2012 LLC

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Corporate Filing Menu

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K. SALLY  
EXAMINER  
JAN 26 2012

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

EVENT SERVICES 2012 LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/10/2012 and assigned

Florida document number L12000004663

This amendment is submitted to amend the following:

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

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: WILLIAM HERNANDEZ

New Registered Office Address: 281 NW 179TH ST.

*(Enter Florida street address)*

MIAMI, Florida 33189

*(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	WILLIAM HERNANDEZ	281 NW 179TH ST. MIAMI, FL 33189	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CESAR HERRERA	281 NW 179TH ST. MIAMI, FL 33189	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	REGINA PEREZ	281 NW 179TH ST. MIAMI, FL 33189	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	YANEKE TURNER	281 NW 179TH ST. MIAMI, FL 33189	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DANIEL CASTILLO	281 NW 179TH ST. MIAMI, FL 33189	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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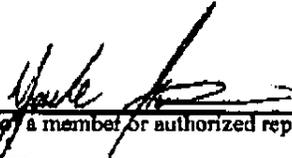


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Dated JANUARY 23, 2012

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 YANEKE TURNER  
 \_\_\_\_\_  
 Typed or printed name of signee