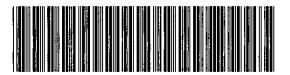
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJI	ECT: BULKUEVENTS : Wedding, UC Name of Limited Liability Company	
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Natalie Codella - ouner	
	Bulle Events Firm/Company	• 1
	37416 Temple Ave	· · · · · · · · · · · · · · · · · · ·
	7 Myenills 71. 33541 City/State and Zip Code	i , ~ ;
	Nataly buckle events @ amail. am E-mail address: (to be used for future annual report notification)	
For fu	rther information concerning this matter, please call:	
Ω C	Name of Person	
Enclos	sed is a check for the following amount:	
1	25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \{ \text{Certified Copy (additional copy is enclosed)}} \Bigcup \\$60.00 Filing Fee \& Certified Co \\ (additional copy is enclosed)} \Bigcup \\$60.00 Filing Fee \& Certified Co \\ (additional copy is enclosed)}	f Status & py

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 1, 2016

NATALIE CODELLO 37416 TEMPLE AVE

ZEPHYRHILLS, FL 33541

SUBJECT: BURKLE EVENTS AND WEDDINGS, LLC

Ref. Number: L12000014910



We have received your document for BURKLE EVENTS AND WEDDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Mr and Ms is not not an acceptable title.

The entity's date of incorporation/organization must be listed in the document.

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.

Jenna Harris Regulatory Specialist II

Letter Number: 916A00021807

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 20, 2016

NATALIE CODELLO O 37416 TEMPLE AVE ZEPHYRHILLS, FL 33541

SUBJECT: BURKLE EVENTS AND WEDDINGS, LLC

Ref. Number: L12000014910

RECEIVED

2016 OCT 31 PM 3: 09

SECRETARY OF STATE
ASSEE, FLORID

We have received your document for BURKLE EVENTS AND WEDDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Document number and date of filing is missing.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 916A00021807

Oct 28 maried back to FDOS

(1) -9 MIN: FS



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2016

NATALIE CODELLO 37416 TEMPLE AVE ZEPHYRHILLS, FL 33541

SUBJECT: BURKLE EVENTS AND WEDDINGS, LLC

Ref. Number: L12000014910

We have received your document for BURKLE EVENTS AND WEDDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Document must be in portrait, not landscape. Document number and date of filing is missing.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 916A00021807

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bur le Frents Wedding (Name of the Limited Liability Compar (A Florida Limited E	iv as it now appears on our records. Ability Company)
•	were filed on OCH, 2010 and assigned and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	lity company here:
BULLIO FORM ? WIddings The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words".	ity 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)	37416 Temple Ave 7cphyrenills, 71.33541.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	37416 Temple Me 5 27 28 28 28 28 28 28 28 28 28 28 28 28 28
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	<u>F</u> :
New Registered Office Address:	Enter Florida street address NA , Florida NA
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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 Authorized Person(s) authorized to manage, enterthetitle, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action <u>Name</u> **Address** Jenniter Burker 5116 WHomer Rec Tanpa. 71.33429 ☐ Change more David Coclella 37416 Temple Me gradd Zephyrchills, 71.33541 ☐ Change ☐ Add □ Remove ☐ Change □ Add M/A ☐ Remove ☐ Change □ Add □ Change ☐ Change

•	
	
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Note: If the document's	date, if other than the date of filing: (Oct 1, 2006) (optional) re date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records. If specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
The 90	th day after the record is filed.
Dated)ct 1,2016.
	Martalia andilla in analyzona
•	V Cataly Collice - Dwyld Mark 55 Signature of a member or authorized representative of a member 5

Page 3 of 3

Filing Fee: \$25.00