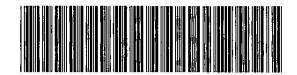
## L12000017576

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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
CUDIE	KIS Even	ts, LLC		
SUBJE	.01:	Name of Lim	ited Liability Company	<del></del>
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		Kimberley Schnepf		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		KIS Events, LLC		
			Firm/Company	
		1664 Swimming Sal	mon Place South	
		<del> </del>	Address	
		Jacksonville, FL 322	225	
			City/State and Zip Code	The state of the s
		info@kisevents.com  E-mail address: (	to be used for future annual report notifica	tion)
For furt	ther information co	oncerning this matter, please ca	<u>-</u>	
Kimb	erley Schnepf		904 708-7001	
	Name of	Person	at () Area Code Daytime To	elephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 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

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

KIS Events, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L12000017576	were filed on 02/06/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1664 Swimming Salmon	Place South _ =
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL	O 7
	32225	EC PRE
Enter new mailing address, if applicable:		FILED F CORPO F CORPO
(Mailing address MAY BE A POST OFFICE BOX)		# 25 22
_		ις 10π3 2μ
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	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:

<u>Title</u>	uthorized Member  Name	Address	Type of Action
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			Add
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			□ Add
			□ Remove
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fective date must be specific, cannot be prior to date of receipt or filed date and	(optional) cannot be more than 90 days after
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ffective date, if other than the date of filing:  ffective date must be specific, cannot be prior to date of receipt or filed date and date this document is filed by the Florida Department of State)  d  December 15  Signature of a member or authorized representations and the second	cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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