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(Re	equestor's Name)	
(Ad	idress)	,
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
TAIL SIESSEE, FLORIE

C. LEWIS

APR 17 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporati	ons	v	altr	
-57	ग∙				•
SUBJI	ECT:		events and travel	· 	<u> </u>
		Name of Lim	ited Liability Company		
The en	closed Articles of Amend	lment and fee(s) are su	bmitted for filing.		•
Please	return all correspondence	concerning this matte	r to the following:		
			june minto		
			Name of Person		
		dow	vntown events and trav	vel	
			Firm/Company		
	888 biscayne blvd., 4111				
			Address		· · · · · · · · · · · · · · · · · · ·
miami, fl 33					
_			City/State and Zip Code	· ·	
		ju E-mail address (ine.minto@gmail.com	art notification)	
		·	•	on nonneation)	
For fur	ther information concerni	ing this matter, please of	call:		
	june n	ninto	at (561)	3174	479
	Name of Person			Daytime Telepl	none Number
Enclose	ed is a check for the follo	wing amount:			
√ \$25	.00 Filing Fee \$3	0.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	nclosed)	\$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

FILED 12 APR 16 PM 12: 47

downto	wn events and travel	SECRE.	ARY DE STATE
(Name of the Limited Liabile (A Florid	ity Company as it now appear a Limited Liability Company)	s on our records.)	ARY OF STATE ASSEE, FLORIDA
The Articles of Organization for this Limited Liability	Company were filed on	april 5	and assigned
Florida document number L12000047076	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	nited liability company here	:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compar	y," the designation '	LLC" or the abbreviation
Enter new principal offices address, if applicable:		. <u></u>	
Principal office address MUST BE A STREET ADL	PRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
		······································	
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		ır records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	r Florida street ad	dress
	City	, Florida	Zip Code
	City		zip Coae

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

MGR = Manager MGRM = Managing Member **Title** Type of Action Address Name marje jones mgrm 888 biscavne blvd, #4111 Remove miami, fl 33132 ☐ Add ☐ Add Remove Add Remove $\prod Add$ Remove ∏Add ☐Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member june minto

Typed or printed name of signee
Page 2 of 2

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