#1/30000/4/179

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number))
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K.SALY EXAMINER FEB 26 2013

*	COVERLETTER
TO: Registration Se Division of Con	
SUBJECT: "E"cr	edible Events & Decor LLC
Sobrect.	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Latoyia Banks
	Name of Person
	Firm/Company
	14323 SW 276
	Address
	Homestead Fl. 33032
	City/State and Zip Code Isbanks78@gmail.com
For further information of	E-mail address: (to be used for future annual report notification)
Latoyia Bar	at (
Name o	of Person Area Code & Daytime Telephone Number
Fundamed in a short Co.	ha Callaurina auranta
Enclosed is a check for t	-
☐ \$25.00 Filing Fee	■\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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"E"credible events & Decor LL		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our re a Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on 1/28/2013	and assigned
Florida document number L13000014179		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Ecredible Events & Decor LLC		
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		ds, <u>enter the name of the new</u>
Name of New Registered Agent:		· -
New Registered Office Address:	n . n	
	Enter Florid	a street address
<u> </u>		Florida
	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 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>Address</u> **Type of Action Title** <u>Name</u> Add Remove Remove Remove Remove

Remove

ii ai	nending any other information, enter change(s) here: (Attach additional sheets, if necessar	· y.)
ıted _	Feb. 19 2013.	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00