

#L 13000033089

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 15 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Central Florida Event & Designs LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tara Frazer
Name of Person

Firm/Company

1010 Mandarin Way
Address

Haines City, FL 33844
City/State and Zip Code

tfrazer115@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tara Frazer at (407) 459-2913 or (63) 256-7358
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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

FILED
13 APR 11 PM 12 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Central Florida Event & Designs "LLC"

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

The Articles of Organization for this Limited Liability Company were filed on 3/5/2013 and assigned
Florida document number 46 2187205 #L13000033089

This amendment is submitted to amend the following:

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

Visions Event Planning & Design "LLC"

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:

New Registered Office Address:

Enter Florida street address

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 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>
MGR	Tara Frazer	1010 Mandarin Way Haines City, FL 33844	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Edith Anderson	575 Live Oak Ave Bldg 6204 Haines City, FL 33844	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Edith Anderson	575 Live Oak Ave Bldg 6204 Haines City, FL 33844	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Rayshell Anderson	575 Live Oak Ave Bldg 6204 Haines City, FL 33844	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Rayshell Anderson	575 Live Oak Ave Bldg 6204 Haines City, FL 33844	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Robine Bonner	2315 Whispering Tr. Pl. Winter Haven, FL 33884	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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	Tara Frazer	1010 Mandarin Way Haines City, FL 33844	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Robine Bonner	2315 Whispering Tr. Pl Winter Haven, FL 33884	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Engrit Hages	1009 Valencia Ave Haines City FL 33844	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	John Kyria Alston	2115 Whispering Tr. Blvd Winter Haven, FL 33884	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Benjamin Alston	2115 Whispering Tr. Blvd Winter Haven, FL 33884	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Rayshon Anderson	575 Live Oak Ave Haines City, FL 33844	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____, _____.

Tara Frazer
Signature of a member or authorized representative of a member

Tara Frazer
Typed or printed name of signee

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Filing Fee: \$25.00