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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: A	LURE Escapes &	- Even to LLC ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Donta	L. Sm. th Name of Person	<b>3 5 5</b>	
	Allure Esc	Apes + Events Ll	<u>-C</u>	
	<u>15251 K</u>	eyline Blvd Address		
	Loxahatchee	FL 33470 City/State and Zip Code		•
	Osmith E-mail address: (1)	916 @ msn.com  be used for future annual report noti	fication)	
For further information c	oncerning this matter, please ca	ill:		
Aknell C Name o	Dillis f Person	at (501 ) 889-87 Area Code & Daytin	58 ne Telephone Number	
Enclosed is a check for the	ne following amount:			
<b>■</b> \$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,  Certificate of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

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

Allure Esc	apes + Events LLC
	iability Company as it now appears on our records.) lorida Limited Liability Company)
	bility Company were filed on Ayx 1, 2013 and assigned
Florida document number L1300004718	0
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of	the limited liability company here:
J ,	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	ox)
interior desired that DD 11 to GET OF CELLS	<u> </u>
	<del></del>
	registered office address on our records, enter the name of the new
registered agent and/or the new registered offi	ce 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 Re	gistered 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 = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	TAVIS D'Shani Jackson	2 Gunsmoke Ave Ponoma, CA 91766	Add
		Ponema, CA 91766	Remove
			Add
			Remove
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			Remove
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April	<u>24</u> , <u>2013</u> .	
	Nate Indl	3 X
<del></del>	Signature of a member or authorized representative of a member	
	Donta L. Smith	, , ,
	Typed or printed name of signee	

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