

#/13000073995

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(City/State/Zip/Phone #)

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FILED
2015 JUN -5 PM 5:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN -8 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LS EVENTS 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:

ANDREA FERREIRA

Name of Person

ASSURED ACCOUNTING AND TAX SERVICES

Firm/Company

3350 NW 22ND TER STE B-200

Address

POMPANO BEACH, FL 33069

City/State and Zip Code

LUCIANO@LSENTERTAIN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA FERREIRA

954 793-0353

Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

LS EVENTS LLC

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

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2015 JUN -5 PM 5:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/21/2013 and assigned
Florida document number L13000073995

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

6750 N. ANDREWS AVE
STE 200

FORT LAUDERDALE, FL 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6750 N. ANDREWS AVE
STE 200

FORT LAUDERDALE, FL 33309

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:

LUCIANO SAMELI

New Registered Office Address:

6750 N. ANDREWS AVE STE 200

Enter Florida street address

FORT LAUDERDALE

City

Florida

33309

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LS ENTERTAIN LLC	1221 BRICKELL AVE	<input type="checkbox"/> Add
		STE 908	<input checked="" type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
MGR	LUCIANO SAMELI	6750 N. ANDREWS AVE	<input checked="" type="checkbox"/> Add
		STE 200	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2015
JUL 14 - 5 PM
FALL HARBOR, FL
OFFICE OF THE
CLERK OF THE
COURT

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

ARTICLE V

PLEASE CHANGE ADDRESS OF:

MGR - VITOR JOSE NUNES PAIS TO:

6750 N. ANDREWS AVE, STE 200

FORT LAUDERDALE, FL 33309

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2015 JUN -5 PM 5:35
CLERK OF DISTRICT COURT
HALL COUNTY, FLORIDA

E. Effective date, if other than the date of filing: 06/02/15 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 06/02/15


Signature of a member or authorized representative of a member

LUCIANO SAMELI

Typed or printed name of signee