# 13000073995

(Requ	estor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nam	e)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



700339555877

01/23/20--01015--006 \*\*55.00

MAN 23 PH 12: 45

LL Controller C 01/30/20 D

### **COVER LETTER**

TO: Registration Se Division of Cor			
	S LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	LUCIANO SAMELI		
	Name of Person  LS EVENTS LLC  Firm/Company  3211 PORT ROYALE DRIVE SOUTH # 11A  Address  FORT LAUDERDALE, FL 33308  City/State and Zip Code  LUCIANO@ VIAAMERICAS US  E-mail address: (to be used for future annual report notification)  arther information concerning this matter, please call:  1ANO SAMELI  Name of Person  Area Code  Daytime Telephone Number  osed is a check for the following amount:  255.00 Filing Fee  \$60.00 Filing Fee.		
	LS EVENTS LLC	This matter to the following:    MMELI	
		Firm/Company	
	3211 PORT ROYALE DR	IVE SOUTH # 11A	
		Address	<del>_</del>
	FORT LAUDERDALE, FI	, 33308	
			cation)
For further information c			,
	concerning this matter, presize ex		
			72 Labora Nicolana
Name o	l Person	Area Code Daytime	refeptione Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	tion

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LS EVENTS LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	<del>-</del>
The Articles of Organization for this Limited Liability Compar	ny 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 lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		23
Enter new mailing address, if applicable:		PM 12:1
(Mailing address MAY BE A POST OFFICE BOX)		th i
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a Ziv 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>	Address	Type of Action
MGR	NUNES PAIS, VITOR JOSE	3211 PORT ROYALE DRIVE SOUTH # 41A	□Add
		FORT LAUDERDALE, FL 33308	■Remove
			□Change
			🗀 Add
			□Remove
		<del></del>	□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
		□Remove	
			□Change
	<del></del>		🗆 Add
			□Remove

## Page 2 of 3

Per	PARLUERS	shin b	Green	end	Sicne	\.	<del></del>
in 201		V			0		
100 201	·			<del> </del>			
		,					
<del> </del>				<del>.</del>			
			<del></del>				
			<u> </u>		<del></del>		
							<del></del>
-	· . · · · ·						
				_			
<del></del>	-		<u> </u>				
n effective date is list ote: If the date inse	her than the date of ed, the date must be spected in this block do date on the Departm	of filing: cific and cannot es not meet th	e applicable stat	filing or more t atory filing re	(opti han 90 days after quirements, thi	tiling.) Pursuant	to 605,020° he listed as
	·						
	es a delayed effe fter the record is		but not an ef	fective time	e, at 12:01 a	a.m. on the	earlier o
ged JANUARY I:		2)2	0				
				$\sim$	$\nearrow$		->-
		( / []	r or authorized to			_///_	+ /

Page 3 of 3

Filing Fee: \$25.00