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B. BOSTICK SEP 1 1 2013

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Event Planning Specialists WC 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:
Jill McConville
Event Planning Specialists UC
1583 E Silver Star Rd Ste 348
Quee fl 34761 City/State and Zip Code
E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Till McConutile at 401 808 – 9098 55 6 Area Code & Daytime Telephone Number 7 2 3
Enclosed is a check for the following amount:
T -
\$25.00 Filing Fee \$\times \text{\$30.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\times \text{Certified Copy (additional copy is enclosed)}\$ 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

The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 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 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member Type of Action <u>Title</u> <u>Address</u> Jill McConville 323 Pacheco Ct (Disee 8134761 MGR Cail Anne Mathis 323 Pacheco Ct X Ocoel FL 34761 Remove Add Remove Remove Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Please add MGRM: Jill McConville
•	and MOR: Coul Anne Mathis to
·	LIC.
Dated	Sept 6,2013
	Jiu Mc murile
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
•	Page 3 of 3
	Filing Fee: \$25.00

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