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COVER LETTER

TO:

Registration Section
Division of Corporations

RIFCT. TOP SHELF 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:

Wayne Linton

Name of Person

Mega 1 Services Inc

Firm/Company

3810 Inverrary Blvd, Suite 102-O

Address

Lauderhill, FL 33319

City/State and Zip Code

wlinton@mega1services.com

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

For further information concerning this matter, please call:

Wayne Linton

954₅551-5603

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

TOP SHELF EVENTS, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
(·	
The Articles of Organization for this Limited Liability Co	ompany were filed on 09/25/2013	_ and assigned
Florida document number L13000135378	<u>-</u> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
ADS EVENTS LLC		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
		E 2
B. If amending the registered agent and/or register	ered office address on our records, enter the	
registered agent and/or the new registered office addr	<u>ess here</u> :	
		-9
Name of New Registered Agent:		W<
New Registered Office Address:		
THE THE PARTY OF T	Enter Florida street addre	SSEE OI
	, 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 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> Name **Address Type of Action** Add Remove Add Remove Remove ∄_{Add} , Remove Remove Remove

. If amending any other information	, enter change(s) here: (Attach additional sheets, if necessary.)
September 29	2013
	are of a member or authorized representative of a member
Wayne Linton	
	Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00

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