

L14000054895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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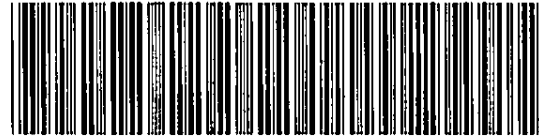
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 06 2017

J CHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XPERT EVENT RENTALS, 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:

Name of Person
Martin Law Group, P.L.
Firm/Company
1420 Celebration Blvd, Suite 303
Address
Celebration, FL 34747
City/State and Zip Code
info@callmartinlawgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio G. Martin at (863) 944-0892
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**

Xpert Event Rentals, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/03/14 and assigned
Florida document number L14000054895

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)

4744 Barbados Loop
Clermont, FL 34711

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4744 Barbados Loop
Clermont, FL 34711

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:

Gajendra Ramkisson

New Registered Office Address:

4744 Barbados Loop

Enter Florida street address

Clermont


City

Florida

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TALLAHASSEE, FLORIDA

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.

 o/b/o Gajendra Ramkisson
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	Pedro P. Richardson	2117 Stone Abbey Blvd	<input type="checkbox"/> Add
		Orlando, FL 32828	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Batzel A. Diolo	1664 Algonquin Loop	<input type="checkbox"/> Add
		Orlando, FL 32828	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMGBR Managing Member	Gajendra Ramkisson	4744 Barbados Loop	<input checked="" type="checkbox"/> Add
		Clermont, FL 34711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMBR Managing Member	Anita Ramkisson	4744 Barbados Loop	<input checked="" type="checkbox"/> Add
		Clermont, FL 34711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
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(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.

Dated Sept 1, 2017

Ante S. Martin
Signature of a member or authorized

Signature of a member or authorized representative of a member

Antonio G. Martin

Typed or printed name of signee