

L14000175531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

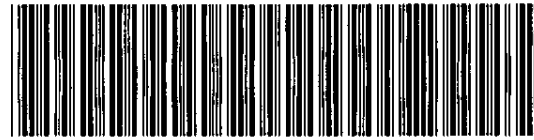
(Business Entity Name)

(Document Number)

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L14-175531

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2014

CSC
COURTNEY WILLIAMS
TALLAHASSEE, FL

SUBJECT: EVENT SECURITY SERVICES, LLC
Ref. Number: L14000175531

RESUBMIT

Please give original
submission date as file date.

We have received your document for EVENT SECURITY SERVICES, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is F000000002621.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 314A00024337

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SECRET
TALLAHASSEE, FL

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DEPARTMENT OF STATE
14 NOV 18 PM 1:51



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 377411 7626320

AUTHORIZATION :

Lyndee

COST LIMIT : \$ 25.00

ORDER DATE : November 14, 2014

ORDER TIME : 2:09 PM

ORDER NO. : 377411-005

CUSTOMER NO: 7626320

DOMESTIC AMENDMENT FILING

NAME: EVENT SECURITY SERVICES, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

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TALLAHASSEE FLORIDA
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Event Security Services, 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:

Heather Mortimer, Corporate Compliance Officer
Name of Person
LAZ Parking LTD, LLC
Firm/Company
15 Lewis Street
Address
Hartford, CT 06103
City/State and Zip Code
hmortimer@lazparking.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Heather Mortimer, Corporate Compliance Officer 860 522.7641 x7793
Name of Person at (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**

Event Security Services, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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The Articles of Organization for this Limited Liability Company were filed on November 12, 2014 and assigned
Florida document number L14000175531

This amendment is submitted to amend the following:

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

Event Support Services, LLC

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: n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 15 Lewis Street, Hartford, CT 06103

(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: n/a

New Registered Office Address: _____
Enter Florida street address

_____, 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
		n/a	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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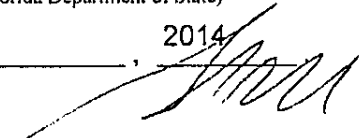
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

n/a

E. Effective date, if other than the date of filing: Date of Filing (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 18, 2014



Signature of a member or authorized representative of a member

Glenn Terk, Esq.

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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