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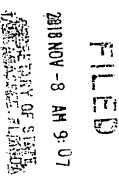
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## **COVER LETTER**

Γ	Division of Cor	porations				
SUBJEC'		TS SETUP, L.L.C.				
SUBJEC	·	Name of Limi	ited Liability Company			
The enclo	sed Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
	·	Shirley A Williams				
			Name of Person			
		LW EVENTS SETUP, L.L	C.			
			Firm/Company	<del></del>		
		3747 Dover Drive		<del>(1</del> 1)		
		· · · · · · · · · · · · · · · · · · ·	Address	7	AON 8122	•
		Sarasota, FL 34235			- A0!	- T
		cats 1999@verizon.net	City/State and Zip Code	# 10 E) C E) C	ထ	1
		E-mail address: (	to be used for future annual report not	ification)	<b>AH</b> 9:	
For furthe	er information c	oncerning this matter, please co	att:	Bri	07	
Lorenzo 1	Williams, JR		941 350-3792			
	Name o	f Person		ne Telephone Number	_	
Enclosed	is a check for th	ne following amount:				
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing Certificate of Certified Cop (additional copy	Status &	

MAILING ADDRESS:

TO:

Registration Section

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

The Articles of Organization for this Limited Liability Company were filed on 1/16/2015  Florida document number L15000010396  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  S&L EVENTS SETUP, L.L.C.  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "Li  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 recorregistered agent and/or the new registered office address here:  Name of New Registered Agent:  SHIRLEY A WILLIAMS	<u>rds.</u> )
A. If amending name, enter the new name of the limited liability company here:  S&L EVENTS SETUP, L.L.C.  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI  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 recorregistered agent and/or the new registered office address here:  Name of New Registered Agent:  SHIRLEY A WILLIAMS	and assigned
S&L EVENTS SETUP, L.L.C.  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI  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 recorregistered agent and/or the new registered office address here:  Name of New Registered Agent:  SHIRLEY A WILLIAMS	
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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 recorregistered agent and/or the new registered office address here:  Name of New Registered Agent:  SHIRLEY A WILLIAMS	
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Name of New Registered Agent: SHIRLEY A WILLIAMS	us, titte the name of th
Name of New Registered Agent.	
New Registered Office Address: 3747 Dover Drive (Same)	
Same) New Registered Office Address:  Enter Florida street additional and the street additional additional and the street additional and the street additional and the street additional ad	ess
Sarasota City	Florida 34235 Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

LW EVENTS SETTIP LLC

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	SHIRLEY A WILLIAMS	3747 Dover Drive, Sarasota, FL 34235	<b>=</b> Add
			Remove
			☐ Change
			D Add
		<del> </del>	□ Remove
		<u> </u>	☐ Change
		<del></del>	Add ———————————————————————————————————
			Change III
			S Add
			Remove
		<del></del>	Change
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	) , *-
E. Effective date, if other than the date of filing: 10/01/2018 (optional)  (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.) Pursu Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	ne earlier of:
Dated October 01, 2018.	
Signature of a member or authorized representative of a member	
Lovenzo Williams Tr. Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00