

L15000022451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

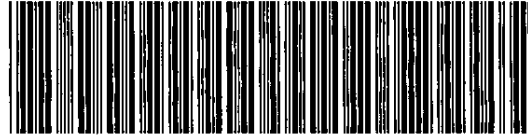
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300281631423

02/04/16--01021--013 **30.00

FILED
16 FEB -4 PM 3:13
TALLAHASSEE, FLORIDA

FEB 05 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sublime 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:

Kari K Quast
Name of Person
Sublime Events + Services
Firm/Company
505 Lake Shore Dr
Address
Ma. Hnd. Fl 32751
City/State and Zip Code
Kat@sub-lime-events.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kari Quast at (407) 929-9035
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**

Sublime Events 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 Feb 4, 2015 and assigned Florida document number LI5000022451.

This amendment is submitted to amend the following:

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

Sublime Events and Services, LLC

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)

505 Lake Shore Dr
Maitland, FL 32751

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

505 Lake Shore Dr
Maitland, FL 32751

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:

Kari K Quast

New Registered Office Address:

505 Lake Shore Dr

Enter Florida street address

Maitland

City

Florida 32751

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.

Kari K Quast
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>
MGR	Kelly Peeko	2218 Blossomwood DR	<input type="checkbox"/> Add
		Oniedo, HI 32765	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maex Hoefling	55 5113 Filmore Place	<input checked="" type="checkbox"/> Add
		Sanford, HI 32773	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FEB 14 PM 3:11
 STATE OF FLORIDA
 DEPT. OF REVENUE

16 FEB -4 PM 3:14
FBI MOBILE UNIT

16 FEB -4 PM 3:14

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Feb 2, 2016.

Kari X Juast
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kari K Quast

Typed or printed name of signee