

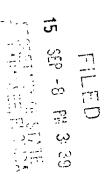
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SEP 0 9 2015 S. YOUNG

COVER LETTER

SUBJECT:	Uvent, LLC					
Sobject,		Name of Lim	ited Liability Company			
,						
The enclosed	l Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		Jesus Rafael Cedeno Hida	lgo			
			Name of Person		_	
		Uvent, LLC				
			Firm/Company		-	
		848 Brickell Key Dr. Apt.	4301			
		·	Address		-	
		Miami, FL 33131				
			City/State and Zip Code	-	ार्थ ज	
		jcedeno90@gmail.com			围路工	t
		E-mail address: (to be used for future annual report no	tification)		-
For further in	iformation co	ncerning this matter, please ca	all:		SEP -8 PM	[]
Jesus Rafael	Cedeno Hida	ilgo	305 8773413 at ()		ب رز	
	Name of	Person	Area Code Daytii	ne Telephone Number	ह जून ४	
Enclosed is a	check for the	e following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **STREET/COURIER ADDRESS:** Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Uvent, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability Co. Clorida document number 03/13/2015	ompany were filed on L15000045853	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		海 节 五
Mailing address MAY BE A POST OFFICE BOX)		1111 = 0
		100 G
3. If amending the registered agent and/or regist egistered agent and/or the new registered office addr		-,
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida 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 Authorized Person(s) authorized to manage	, <u>enter the title.</u>	, name, and	d address of o	each person	being added
or removed from our records:					

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
		•	
			□ Remove
			□ Change
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			Remove
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ective date, if other than the date of effective date is listed, the date must be spe	cific and cannot be prior to	date of filing or more	(optiona than 90 days after fili	ng.) Pursuant to 605
e: If the date inserted in this block doe	es not meet the applical	ole statutory filing re	quirements, this da	ite will not be liste
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September 1st	2015	,		
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Signate	ure of a member or author	ized representative of a	ı member	

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Filing Fee: \$25.00