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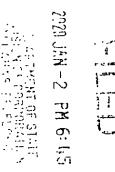
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	TING EVENTS LLC	•		
:	Name of Lim	ited Liability Company		
ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
n all correspo	ndence concerning this matter	to the following:		
	Kyla Renee Miller			
	•	Name of Person		
	Everlasting Events			
Firm/Company 935 Oviedo Bivd Apt 1006				
Oviedo, FL 32765 City/State and Zip Code				
information c	oncerning this matter, please co	all;		
)W				
Name o	f Person	Area Code	Daytime Telephone Number	
a check for th	ne following amount:			
Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate (Sed) Certified (of Status &
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	information c multiple and Articles of multiple corresponding to the co	Name of Lim ed Articles of Amendment and fee(s) are sub m all correspondence concerning this matter Kyla Renee Miller Everlasting Events 935 Oviedo Bivd Apt 1006 Oviedo, Fl. 32765 kyla@everlastingeventsfl.c E-mail address: (information concerning this matter, please c. ow Name of Person a check for the following amount: Filing Fee \$30.00 Filing Fee & Certificate of Status ailing Address: egistration Section ivision of Corporations	EVERLASTING EVENTS LLC Name of Limited Liability Company	EVERLASTING EVENTS LLC Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following:

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

EVERLASTING EVENTS LLC

(<u>Name of the Limited L</u> (A F	iability Compa lorida Limited I	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited Liabil Florida document numberL15000048743	ity Company	were filed on 03/18/201:	5 Sand assigned 17
This amendment is submitted to amend the following	lg:		
A. If amending name, enter the new name of the	limited liab	ility company here:	9 G
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	::	935 Oviedo Blvd Apt 1	006
(Principal office address MUST BE A STREET A	DDRESS)	Oviedo, FL 32765	
(Mailing address MAY BE A POST OFFICE BO)			onton the name of the new registered
agent and/or the new registered office address he		iddress on our records,	enter the name of the new registered
Name of New Registered Agent:	V 1 D AVII		
New Registered Office Address:	35 Oviedo Bly	vd Apt 1006	
		Enter Florida stree	t address
<u>(</u>	Oviedo		Florida <u>32765</u>
		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 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>	Type of Action
AMBR NATASHA N HARRISON		634 MAGNOLIA DRIVE	□Add
		MAITLAND, FL 32751	≣Remove
			□Change
			□Add
			□Remove
			□Change
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Page 2 of 3

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an effect lote: If	e date, if other than the date of filing:
e recoi The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ated	December 14. 2019 The Miles
	Signature of a member or authorized representative of a member
	Kyla Miller

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