

2150000 74106

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

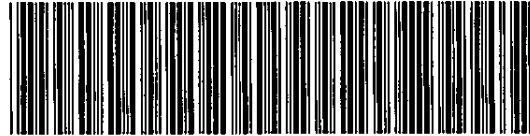
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Attorneys At Law

the perfect legal partner®

April 29, 2015

VIA FEDERAL EXPRESS

Florida Department of State
Registration Section / Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Re: Articles of Amendment to Articles of Organization
Blender Event Design & Conceirge, LLC / Doc. #L15000074106**

Dear Sir or Madam:

Enclosed for filing with the Florida Division of Corporations are Articles of Amendment to Articles of Organization **to correct the spelling of the word "Concierge" in the name which was inadvertently spelled as "Conceirge."** Also enclosed is a check in the amount of \$25.00 in payment of the applicable filing fee.

Please return all evidence of the filing to my attention at Offit Kurman, P.A., Attn: Kathy Landicho, 8171 Maple Lawn Blvd., Suite 200, Fulton, MD 20759. Thank you for your assistance in this matter. If you have any questions, feel free to contact me at 301-575-0303.

Sincerely,



Kathryn M. Landicho
Paralegal

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Blender Event Design & Conceirge, 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:

Kathlyn M. Landicho

Name of Person

Offit Kurman, P.A.

Firm/Company

8171 Maple Lawn Blvd., Suite 200

Address

Fulton, MD 20759

City/State and Zip Code

Tim@oasissenioradvisors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathlyn M. Landicho

at (301) 575-0303

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**

Blender Event Design & Conceirge, 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 April 27, 2015 and assigned
Florida document number L15000074106.

This amendment is submitted to amend the following:

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

Blender Event Design & Concierge, 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)

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 records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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(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.

Jonathan R. Wach
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Jonathan R. Wachs, Authorized Representative

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA