

# L15000091743

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

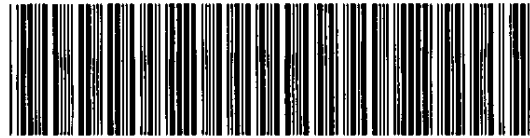
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

62 Culligan 6/1/15 9:22 2015

May 28, 2015

To Florida Department of State

RE: Seven Events, LLC

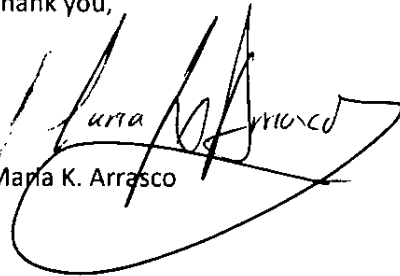
Florida Document Number: L15000091743

My name is Maria K. Arrasco & I am removing my name from Seven Events, LLC from the company & Gloria Delgado will be the only owner of this company.

If you have any questions please call me at 305 213 9554

My return address is:  
310 NW 76<sup>th</sup> Ave  
Pembroke Pines, FL 33024

Thank you,

  
Maria K. Arrasco

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Seven 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:

Gloria Delgado  
Name of Person

Seven Events, LLC  
Firm/Company

310 NW 76<sup>th</sup> Ave  
Address

Pembroke Pines, FL 33024  
City/State and Zip Code

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

For further information concerning this matter, please call:

Gloria Delgado at (786) 202-1471  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED

2015 JUN -1 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Seven 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 05/26/15 and assigned  
Florida document number 415000091743

This amendment is submitted to amend the following:

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

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)

310 NW 76<sup>th</sup> Ave.

Pembroke Pines, FL 33024

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

310 NW 76<sup>th</sup> Ave

Pembroke Pines, FL 33024

**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:

Gloria Delgado

New Registered Office Address:

310 NW 76<sup>th</sup> Ave

Enter Florida street address

Pembroke Pines

City

Florida

33024

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>
MNG	Maria K. Arrasco	1633 Airport Dr.	<input type="checkbox"/> Add
		Tallahassee, FL 32304	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 JUN -1 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05/28/15

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

\_\_\_\_\_

Maria K. Arrasco

Typed or printed name of signee