L15000181949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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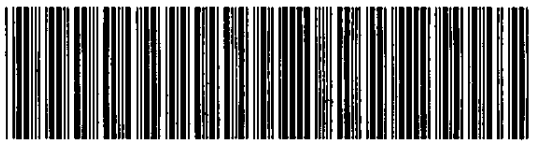

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16 MAY 31 AM 7:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 02 2016

J SHIVERS

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2016

TAMIKA LENOX
5711 NEW PARIS WAY
ELLENTON, FL 34222

SUBJECT: AMBIANCE EVENT HALL & RENTALS, LLC
Ref. Number: L15000181949

We have received your document for AMBIANCE EVENT HALL & RENTALS, LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 216A00010283

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AMBIANCE EVENT HALL + RENTALS, LLC

DOCUMENT NUMBER: L15000181949

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TAMIKA LENOX
Name of Contact Person

AMBIANCE EVENT HALL + RENTALS, LLC
Firm/ Company

5711 NEW PASCO WAY
Address

ELLENTON, FL 34222
City/ State and Zip Code

AMBIANCEEVENTHALL@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAMIKA LENOX at (727) 642-7183
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☑ $35 Filing Fee
☐ $43.75 Filing Fee & Certificate of Status
☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
☐ $52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AMBIANCE EVENT HALL & RENTALS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
16 MAY 31 AM 7:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 26, 2015 and assigned Florida document number L15000181949.

This amendment is submitted to amend the following:

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

N/A

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)

2480 EAST BAY DRIVE
SUITE # 10
LARGO, FLORIDA 33711

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2480 EAST BAY DRIVE
SUITE # 10
LARGO, FLORIDA 33711

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: TAMIKA LENOX

New Registered Office Address: 2480 EAST BAY DRIVE - SUITE # 10
Enter Florida street address

LARGO, **Florida** 33771
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

Title	Name	Address	Type of Action
MGRM	Kimm Lenox	5711 New Paris Way	☐ Add
		Ellenton, FL 34222	☑ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

16 MAY 31 AM 7:03

E. Effective date, if other than the date of filing: MAY 10, 2016 **(optional)**

(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)

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.

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 MAY 28, 2016.

Signature of a member or authorized representative of a member

TAMIKA LENOX

Typed or printed name of signee

Filing Fee: $25.00