

L16000004528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

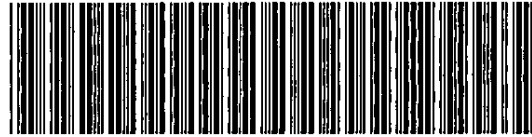
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JUN 07 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Castalia Event Management and Marketing 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:

Celedonia H. House  
Name of Person

CASTALIA EVENT MANAGEMENT and Marketing, LLC  
Firm/Company

8855 Doral Oaks Dr. Apt. 1324  
Address

Temple Terrace FL. 33617  
City/State and Zip Code

empiremajestyllc@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Celedonia House at (813) 900-1997  
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**

Castalia Event Management and Marketing 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 01/06/2016 and assigned  
Florida document number \_\_\_\_\_

This amendment is submitted to amend the following:

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

Castalia Event Management and Marketing 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)**

8855 Doral Oaks Dr. Apt. 1324

Temple Terrace FL 33617

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

8855 Doral Oaks Dr. Apt. 1324

Temple Terrace FL 33617

**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:

Celedonia H. House

New Registered Office Address:

8855 Doral Oaks Dr. Apt. 1324

Enter Florida street address

Temple Terrace

City

, Florida 33617

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.*

Celedonia H. House  
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> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

|     |                |                               |   |
|-----|----------------|-------------------------------|---|
| MGR | Josefina House | 6917 Bream St. Tampa FL 33617 | <input checked="" type="checkbox"/> Add |
|-----|----------------|-------------------------------|---|

☐ Remove

☐ Change

|     |                 |                               |   |
|-----|-----------------|-------------------------------|---|
| MGR | Celedonia House | 8855 Doral Oaks Dr. Apt. 1324 | <input checked="" type="checkbox"/> Add |
|-----|-----------------|-------------------------------|---|

Temple Terrace FL 33617 ☐ Remove

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

PH 1:16

E. Effective date, if other than the date of filing: May 31, 2017 (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 31, 2017, \_\_\_\_\_.

Aldon House

Signature of a member or authorized representative of a member

CELEDONIA HOUSE

Typed or printed name of signee