L14000018951

(Re	equestor's Name)	
(Ac	dress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TO: Registration S Division of Co			2016 FEB 26 FA	_
Just The T	wo Of Us Event Planning LLC		CEC+ TALL 500	TE 197
	Name of Lim	ited Liability Company		197
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Cenquita Barnett			
		Name of Person		
	Just The Two Of Us Event	Planning		
		Firm/Company		
	5070 Menlo Park Way apt	106		
		Address	 	
	Lakeland FL 33805			
		City/State and Zip Code		
	Justthe2ofuseventplanning@	-		
	E-mail address: (to be used for future annual report notif	ication)	
For further information	concerning this matter, please co	all:		
Cenquita Barnett		863 3974247 at ()		
Name	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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



February 15, 2016

CENQUITA BARNETT 5070 MENLO PARK WAY APT 106 LAKELAND, FL 33805

SUBJECT: JUST THE TWO OF US EVENT PLANNING LLC

Ref. Number: L16000018951

We have received your document for JUST THE TWO OF US EVENT PLANNING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Name of business, date of filing and document number is missing.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 416A00003135

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Just the Two of Us Event Planning LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>ds.</u>)	
The Articles of Organization for this Limited Liability Compar	ny were filed on January 27, 2016	;	_ and assigned
Florida document number L16000018951			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	C" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		ZSE ZSE	
		<u> </u>	- 19-4 - 19-4
		55	(S) " AREA
Enter new mailing address, if applicable:		12:1	<u>ت</u>
• ••		<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)		LDRI LDRI	4,
		- Şā	- - - -
3. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent:		s, <u>enter the</u>	e name of the
Name of New Registered Agent.			
New Registered Office Address:	Enter Florida street addres	ss	
	, FI	lorida	
	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>	Address	Type of Action
AMBR	Cenquita N. Barnett	5070 Menlo Park Way apt 106	■ Add
		Lakeland FL 33805	☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
		* (* *********************************	Add
			□ Remove
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Page 3 of 3

Filing Fee: \$25.00