1/6000033528

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SECRETARY OF STALE

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COVER LETTER

	Registration Sect Division of Corpo						
eun ma		łoliday Extravaganza LLC					
SUBJEC	1;	Name of Limited Liability Company					
The enclo	osed Articles of Ar	mendment and fee(s) are subm	itted for filing.				
Please ret	urn all correspond	lence concerning this matter to	the following:				
		Anne C. Urban					
			Name of Person				
		Jacksonville Holiday Extrav	raganza LLC				
		•	Firm/Company				
		4691 Dusk Court					
			Address				
		Jacksonville, FL 32207					
			City/State and Zip Code				
		annecurban0218@gmail.com					
			be used for future annual report notificat	ion)			
For furthe	er information con	cerning this matter, please cal	l:				
Anne C.	Urban () Name of F	ANO Weson	904 699-8704 at () Area Code Daytime Te	lephone Number			
			•				
Enclosed	is a check for the	following amount:					
\$25.0	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

Jacksonville Holiday Extravaganza LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
he Articles of Organization for this Limited Liability Complorida document number <u>L16000033528</u>	pany were filed on 02/17/16	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	<u> </u>
nter new principal offices address, if applicable:		SEUZI SEUZI
Principal office address MUST BE A STREET ADDRES:	S)	2 3 3 3 3 3 3 3 3 3 3
		- CC
	-	RPO
nter new mailing address, if applicable:		% ₹
Mailing address MAY BE A POST OFFICE BOX)		2 08.
		··
. If amending the registered agent and/or registere egistered agent and/or the new registered office address		nter the name of the
gistered agent and/or the new registered office address	. Here.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florid	la
	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>	Name	<u>Address</u>	Type of Action
MGR	Diana M. Fanning	67 War Admiral Road Jacksonville	□ Add
			Remove
			☐ Change
			
			Remove
			Change
			□ Remove
		-	Change
			□ Add
			☐ Remove
			□ Change
			Add
			Remove
			Change
			Add
			Remove
			Change

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Sective date, if other than the neffective date is listed, the date muster. If the date inserted in this blocument's effective date on the Decument's effective date on the Decument's effective date.	date of filing:	(optional) more than 90 days after filing.) Pursuant to 605, ing requirements, this date will not be liste
		time at 12:01 am so the seeds
The 90th day after the reco	effective date, but not an effective ord is filed.	tune, at 12:01 a.m. on the earlie
May 24th ted	2018	
	\ 1.9ca = 0	

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Typed or printed name of signee

Filing Fee: \$25.00