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16 OCT -4 AM 8: 20 DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section **Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company For further information concerning this matter, please call: Enclosed is a check for the following amount: □ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cupcoles Suce + + Composite Composit	ts at now appears of our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>LIGODOD453D</u> 3	by were filed on 33110 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia LAGER Than Life Event The new name must be distinguishable and contain the words "Limited Lia"	Planning Custom Design And Tr
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3-tol Sapphire Lanc Mulberry, Fl 33860
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3701 Sapphire Lane Mulberry, Fl 33860
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new ere:
Name of New Registered Agent: New Registered Office Address: 3701	sapphire lane
M	Enter Florida street address Florida 3800 Zip Code
New Registered Agent's Signature, if changing Registered Agen	면 무 그는 무 그
provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	gree to act in this capacity. I further agree to mply with the te performance of my duties, and I am familiar will and I so provided for in Chapter 605, F.S. Or, if this document is the address, I hereby confirm that the limited liability and liabili
If Ch	anging 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
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cument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective factorial record is filed.	ctive time, at 12:01 a.m. on the	e earlier of
The 90th day after the record is filed.		
ted 100 110		
Shaquud Signature of a member or authorized repres	antative of a mamber	

Page 3 of 3

Filing Fee: \$25.00