# 11600062856

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SECRÉTARY OF STATE

2016 NOV 21 PH 3: 58

K. SALY NOV 22 2016

### **COVER LETTER**

10:		ition Sec of Corp			
SUBJE	CT:	To	Honor You Name of	Limited Liability Company	Special Events
The end	closed Arti	icles of A	mendment and fee(s) are	submitted for filing.	
Please	eturn all c	correspon	dence concerning this ma	tter to the following:	
			5	hery L. Asi	ζ
			To Hone	or You wedding	s and special events
			2821 Pla	cida Road Address	
			Englewood Zhono E-mail addre	City/State and Zip Code  TYOU Que gmail ss: No be used for inturd annual report noti	SHDQH  Legan  dication)
For furt	her inform	Mame of l	Person	at ( <u>701 ) 878</u>	D- O3O/ le Telephone Number
Enclose	ed is a che	ck for the	following amount:		
<b>X</b> \$25	5.00 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

### TO ARTICLES OF ORGANIZATION **OF**

TO HONOR	YOU WEI	ONINGS AND SPEC
(Name of the Limited (A	Liability Company as it now appears o Florida Limited Liability Company)	on our records.)  FVE
The Articles of Organization for this Limited Liab	ility Company were filed on 3	30/2016 and assigned
Plorida document number 4/60000	<u>164</u> 836	ر يت
This amendment is submitted to amend the follow	ing:	PEG B
A. If amending name, enter the new name of the	e limited liability company here	TELLAR SSE
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicab	le:	THE STATE OF THE S
Principal office address MUST BE A STREET	ADDRESS)	<u> </u>
Enter new mailing address, if applicable:  **Mailing address MAY BE A POST OFFICE BO  **Description of the president of the p		
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida	a street address
New Registered Office Address:	Enter Florida	a street address, Florida Zip Code

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

## or removed from our records: MGR = Manager **AMBR** = Authorized Member **Title** Name **Address Type of Action** 2821 Placida road Englewood XAdd ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add

☐ Remove

☐ Change

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	ive date, if other than the date of filing: (optional) ective 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
Effecti	
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fan eft <b>Note:</b>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
fan eft <b>Note:</b>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
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Filing Fee: \$25.00