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DIVISION OF COMPONATIONS

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Trousseau Estate Weddings and Events 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:
Sandra L. Faris Name of Person
Firm/Company
3240 Mott Rd Address
Dover FL 33527 City/State and Zip Code 2 most heaven. Sandy@gmail. com E-mail address: (to be used for future annual report hotification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sandra L. Faris at (813) 654-2145 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: □ \$25.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

Trousseau Estate (Name of the Limited Liability Comp	Weddings and Flany as it now appears on our records.) Liability Company)	vents LLC
The Articles of Organization for this Limited Liability Companiform Laboration for this Limited Liability Companiform Laboration for this Limited Liability Companiform Laboration for this Limited Liability Companiform for this Liability Comp	y were filed on <u>04/08/20</u> /	and assigned
A. If amending name, enter the new name of the limited lia Almost Fleaven Wedding and		C
The new name must be distinguishable and contain the words Limited Liab	Event Form LL pility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	(same address	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		EP 2
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	9 AMII: I
	, Florida	3401 8
	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 = N $AMBR = A$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Add
			☐ Remove
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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing requirements.	n 90 days after filing.) Pursuant to 605.02
locument's effective date on the Department of State's records.	nomena, and take will not be nated
e record specifies a delayed effective date, but not an effective time,	at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
2016	•
Sandra L. Faris	
V_{*} , \mathcal{A}_{*} , \mathcal{A}_{*} , \mathcal{A}_{*}	
(ACIMALIC a) (FILLIA)	

Page 3 of 3

Filing Fee: \$25.00