L16000086273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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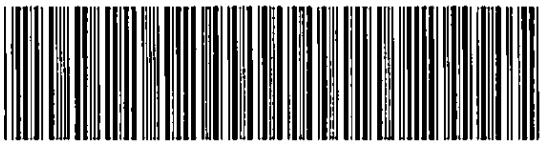

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20 APR 29 AM 9:45

MAY 15 2020

C. McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Act Events, LLC
(Name of Limited Liability Company)

20 APR 29 AM 9:45

The enclosed Articles of Organization are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Atlas
(Name of Person)

Act Events, LLC
(Firm/Company)

525 Fentress Blvd. Suite B
(Address)

Daytona Beach, FL 32114
(City/State and Zip Code)

datlas@atlasmarketing.com
(Daytona Telephone Number)

For further information concerning this matter, please call:

Sandra Mullins at 386 947-0243
(Name of Person) (Area Code) (Daytona Telephone Number)

Enclosed is a check for the following amount:

➡ $25.00 Filing Fee

$30.00 Filing Fee & Certificate of Status

$55.00 Filing Fee & Certified Copy (additional copies $1.00 each)

$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copies $1.00 each)

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

20 APR 29 AM 9:45

(Name of the Limited Liability Company as it now appears on our records)

The Articles of Organization for this Limited Liability Company were filed on May 2, 2016 and assigned Florida document number, L16000086273

The undersigned submitted to amend the following

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: David Vitas

New Registered Office Address: 525 Fentress Blvd. Suite B
(New Florida street address)

Daytona Beach, Florida

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 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

Title	Name	Address	Type of Action
MGR	[illegible]	[illegible]	Add
		[illegible]	Remove
			Change
MGR	[illegible]	[illegible]	Add
		[illegible]	Remove
			Change
MGR	[illegible]	[illegible]	Add
		[illegible]	Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (attach additional sheets if necessary)

E. Effective date, if other than the date of filing: ______________________________ (optional)

[illegible] date must be specific and cannot be prior to date of filing or more than 90 days after filing [illegible]

Note: [illegible] in this block does not meet the applicable statutory filing requirements, this date will [illegible] the Department of State [illegible]

[illegible] a delayed effective date [illegible] 12:01 a.m. [illegible] the 90th day [illegible] record is filed.

Dated: April 6, 2020

Signature of a member or authorized representative of a member

Gene Crowell

Typed or printed name of signee

Filing Fee: $25.00