## 11600139604

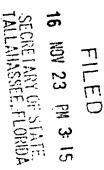
(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600292526286

11/23/16--01009--020 \*\*30.00



D. SCOTT NOV 2 8 2016

## **COVER LETTER**

Division of Co				
SUBJECT:	ALL AROUND	EVENTS LLC		
	Name of Lim	nited Liability Company	-	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Luisa	UR 6 FRIRS Name of Person		
		Name of Person		
	ALL 1	AROUND EVENTS Firm/Company	LLC	
		Firm/Company		
,	12118	FERN BLOSSOM Address	DR	
	Gib	souton, FL 3.	3534	
	LUISANA	SONTON FL 3.  City/State and Zip Code  FRIAS (2) HOTMA  to be used for future annual report noti	il.com	16 SEC
	E-mail address: (	to be used for future annual report noti	fication)	題るで
For further information	concerning this matter, please co	all:		23 ASSE
LuisAN	IA G FRIAS	at (8/3) 40 Area Code Daytim	77926	四年 星
Name	of Person	Area Code Daytim	e Telephone Number	FILED  16 NOV 23 PN 3: 15  SECRETARY OF STATE TALLANASSEE, FLORIDA
Enclosed is a check for t	the following amount:			•
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &

**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

ALL AROUND	EVENTS LLC			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
The Articles of Organization for this Limited Liab Florida document number	,	0/2016 and assigned		
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liability company here:			
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicab	de:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>	- <del> </del>		
		<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our rec ce address here:	mo III		
		75 P		
Name of New Registered Agent:		ORDER 5		
New Registered Office Address:	Enter Florida street ac			
	Emer I Wriau Sireet at			
	City	, Florida		
	City	zip wood		

## 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 **Type of Action Title** Name 1 **Address** CLAUDIA LOPEZ 9235 STONE RIVER PL DAD ANBR RIVERVIEW, FL 33578 Remove ☐ Change JOSE RICARDO RAMOS 12118 FERN BLOSSOM DR XAdd AHBR 6ibsouton, FL 33534 □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove Remove \_□ Change ☐ Add ☐ Remove ☐ Change

. amaid	ing any other information, enter change(s) here: (Attach additional sheets, if necessor	<del>-</del>
,		
		<del></del>
<del></del>		
		TS 6
<del></del>		CRE A
		7 2 E
<del></del>		THO WIT
<del></del>		
		3: 15 OPHDA OPHDA
fan effecti <b>Note:</b> If t	date. if other than the date of filing:	ing.) Pursuant to 605.020
The 90	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m Oth day after the record is filed.	n, on the earlier o
Dated	Nov 20th, 2016.	
	Signature of a member or authorized representative of a member	
	Luisana G FRIAS	

Page 3 of 3

Filing Fee: \$25.00