~ LIGOOGG 177

(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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COVER LETTER

TO: Registration Se Division of Cor			
I-EVENTO			v
SUBJECT:	Name of Limit	ed Liability Company	-
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	endence concerning this matter to	o the following:	
	MARIET OSTOS		
		Name of Person	V-14-0-
	SUCCESS BUSINESS SOI	LUTIONS	
		Firm/Company	
	2751 S CHICKASAW TRA	AIL # 106	
	88-Pi	Address	
	ORLANDO / FLORIDA / 3	32829	
		City/State and Zip Code	
	PAYROLL@MARIETOST		
	E-mail address: (to	o be used for future annual report notifica-	ation)
For further information c	oncerning this matter, please ca	II:	·
MARIET OSTOS		407 745-4684 at ()	
Name o	f Person	at () Area Code Daytime T	Celephone Number
Enclosed is a check for the	he following amount:		
\$25,00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I-EVENTOS, LLC							
(Name of the Limi	ted Liability Cor (A Florida Limit	npany as it now appea ed Liability Company)	rs on our records.	.)			
The Articles of Organization for this Limited L Florida document number L16000166177	iability Compa	any were filed on $\frac{0}{2}$	9/06/2016		and as	signed	
This amendment is submitted to amend the foll	owing:						
A. If amending name, enter the new name o	f the limit <u>ed l</u>	iability company h	<u>iere</u> :				
N/A							
The new name must be distinguishable and contain the	vords "Limited L	iability Company," the	designation "LLC"	or the abbrevi	ation "L	.L.C."	
Enter new principal offices address, if appli	cable:	N/A	-				_
(Principal office address MUST BE A STREI	ET ADDRESS	<u> </u>			<u> </u>		_
				<u> </u>	222		
				3.5		1	
Enter new mailing address, if applicable:		N/A		662	1	Energia Summer	
(Mailing address MAY BE A POST OFFICE	ROX)			24(-4) The	(3)	Ų ,7* . ·	- :
<u> </u>	2011	·		, - .	ŢŘ.	1 1	
				12 14	-2.		_
B. If amending the registered agent and	or registered	l office address o	n our records,	enter the	name	of the	new
registered agent and/or the new registered o							
Name of New Registered Agent:	NIA						_
New Registered Office Address:	MIA						
		Enter Flo	orida street address				
			, Flo	rida			_
		City [,]			ip 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FANNY VELAZCO	5828 NATURE VIEW DR # 306	■ Add
		WINDERMARE FL 34786	□ Remove
			☐ Change
			Remove
			□ Change
			Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			Adda Gara
			Office to present
			Change Add
			Sr SR ——□ Add
			☐ Remove
			☐ Change

		
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		<u> </u>
7-1804BH-9-1-984		_
Affective date, if other than the date an effective date is listed, the date must be	specific and cannot be prior to date of filing or more than 90 da does not meet the applicable statutory filing requirement	(optional) sys after filing.) Pursuant to 605.020
locument's effective date on the Depart		its, this date will not be usied a
e record specifies a delayed ef The 90th day after the record	ffective date, but not an effective time, at 12 l is filed.	2:01 a.m. on the earlier c
NOVIEMBRE, 02	2017	
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Egn Pul	Jai	
Egm Pyl	gnature of a member or authorized representative of a member	
Egm Ryles		3 3
	triature of a member or authorized representative of a member Typed or printed name of signee	10 V - VON

Filing Fee: \$25.00