116000231727

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	KARRO E	VENTS AND FLORAL, LLC		
OBJE.CT.		Name of Lim	ited Liability Company	
he enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		EKATARINA S VLASOV	!	
			Name of Person	
		KARRO EVENTS AND I	FLORAL, LLC	
			Firm/Company	
		818 WHITE ST SUITE I		
			Address	
		KEY WEST, FL 33040		
		KARROEVENTS@GMAI	City/State and Zip Code L.COM	
		-	to be used for future annual report no	tification)
For further in	nformation c	oncerning this matter, please co		
	Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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

TO:

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

KARRO EVENTS AND FLORAL, LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number 1.16000231727	mpany were filed on DEC. 27, 2016	and assigned
riorida document number	-•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limits	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	
(Principal office address MUST BE A STREET ADDRE	ESS)	
		TĀS
		B FI
Enter new mailing address, if applicable:		EB - ETA
(Mailing address MAY BE A POST OFFICE BOX)		3
(Maning dates sixt DE AT 05T VITTE BOX)		3
		STATE OR
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre	· -	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VIACHESLAV A. VLASOV	3314 NORTHSIDE DR APT 85	■ Add
		KEY WEST, FL 33040	Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
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ective date, if other than th	ie date of fi	JANUA ling:	RY 1, 2018		(optiona	D	
effective date is listed, the date me: If the date inserted in this	ust be specific	and cannot be p	rior to date of fil plicable statute	ing or more than	90 days after filir	g.) Pursuant to	605.03 listed
ument's effective date on the							
record specifies a delayence 90th day after the re	ed effectivecord is file	e date, but ed.	not an effe	ctive time, a	t 12:01 a.m	. on the ea	rlier
JANUARY 25, 2018		2018	·				
	1801						

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Typed or printed name of signee

Filing Fee: \$25.00