217000056590

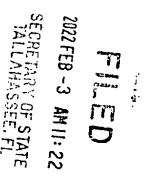
(Red	questor's Name)	
(Add	lress)	
(Add	fress)	
(City	//State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Bus	siness Entity Name)	
(Doc	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	Filing Officer:	
Members.	CiW1+1 11/0	
· · · · · · · · · · · · · · · · · · ·	J	
	Office Use Only	



900379115019

- 1949 - 1974 - 6117 - 744 617 - **66**4 - **1**07

RECEIVED
JAN 1 0 2027



A. BUTLER FEB 16 2022

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Sect Division of Corpo	orations	0	
Maies	na Sage Even	ted Liability Company	
Subject:	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	<u>Maunà</u>	L. Strawder Name of Person	
	Majesti	c Events By Ma	uria
		IW 4th Ave	
	Draia,	FI 34475	
	Majestice ve	F1 34475 City/State and Zip Code OTS DY MAUNCE GMAI o be used for future annual report notifica	1-CUII
For further information co	scerning this matter, please ca	ill:	
Mauna L.	Strander	at (35 ² Z) (015-04) Area Code Davtime T	86
Name of	Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration So		<u>Street Address:</u> Registration Secti	on
Division of Co		Division of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 FEB -3 AM 11: 22

		COSELED O WILLIE
(Name of the Limited Liability Compar	y as it now appears on our	records. FORETARY OF OTHER
(A Florida Limited E	авину Сопрану;	TALLAHASSEE EL
The Articles of Organization for this Limited Liability Company	was stad on Mityeli	and assigned
The Articles of Organization for this Limited Liability Company	were med on Jovor C.	and assigned
Florida document number <u>L17000056590</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
	• • • • 1 /	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Francisco de la constitución de		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	ddress on our records,	enter the name of the new registered
agent and/or the new registered office address here:		-
AL CAL DE LA LA		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address City Zip City Zip Tal: Ingree to act in this capacity. I further agree to ete performance of my duties, and I am familias provided for in Chapter 605, F.S. Or, if this ability Company," the designation "LLC" or the abbreviate abbre	address
		Clarida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
		to a little
I hereby accept the appointment as registered agent and agree		
being filed to merely reflect a change in the registered office company has been notified in writing of this change.	uaaress, r nereny confi	im mai ine umaca namuy
company has been todated in writing of this endinge.		

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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Change
			□Remove
			Change
			Remove
			☐ Change
			□Add
			□Remove
			□ Add
			□Remove
			□ Add
			□Remove

Change

_			<u></u> .			······		
	<u> </u>							
			 	-				
	-			· · · · · · · · · · · · · · · · · · ·				
				· · · · · · · · · · · · · · · · · · ·				
_		-						
_								
_	<u> </u>	·						
		·-····································		· ·				
_							_	
iote: I	re date, if other tive date is listed, the f the date inserted nt's effective date	in this block do	es not meet the	applicable statut	iling or more than tory filing requir	(optional 90 days after filing ements, this date) (.) Pursuant to 605.00 (: will not be listed	207 as
	specifies a delaye				01 a.m. on the e	earlier of: (b) T	he 90th day after t	he
ated _	Januard	3rd	<u> 20</u>	12				
		Alas.	uc of a member	or authorized repre	esentative of a me	mber		
		^	unic			= *		

Filing Fee: \$25.00



RECEIVED

FLORIDA DEPARTMENT OF STATE Division of Corporations SECRETARY DE STATE TALLAHASSEE, FL

January 25, 2022

MAUNA L. STRANDER 2857 NW 4TH AVE OCALA, FL 34475

SUBJECT: MAJESTIQ SA'GE EVENT CONSULTING, LLC

Ref. Number: L17000056590

We have received your document for MAJESTIQ SA'GE EVENT CONSULTING, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 422A00001968

Anissa Butler Regulatory Specialist II