

L17000066492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

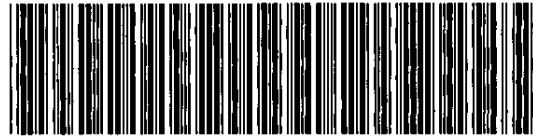
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 APR 19 PM 3:05

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APR 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Make it Happen Events LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yvonne Hodges

Name of Person

Make It Happen Events LLC

Firm/Company

7306 Lumber Port Dr

Address

Ruskin FL 33573

City/State and Zip Code

yvonnethodges@gmail.com

E-mail address: (to be used for future annual report notification)

RECEIVED
2017 APR 20 PM 1:43
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Yvonne Hodges

at (813) 802-5950

Name of Person

Area Code

Daytime 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 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

TS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

~~Make It Happen Events~~ Evon Event Planning 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 Liability Company were filed on 3/20/2017 and assigned Florida document number L17000066492.

This amendment is submitted to amend the following:

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

Make It Happen Events LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time; at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

17/2017

_____, _____

Signature of a member or authorized representative

Yvonne Hodges

Typed or printed name of signatory

Yvonne Hodges

Typed or printed name of signee

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17 APR 19 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA