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COVER LETTER

TO: Registration Section Division of Corporations												
SUBJE	СТ: _	Shy	Event Ma Name of Limite	rheting LLC ed Liability Company								
The enclosed Articles of Amendment and fee(s) are submitted for filing.												
Please return all correspondence concerning this matter to the following:												
Holly L Adams Name of Person												
Firm/Company												
1325 N. Saturn Ave												
		_	Clearwater HL Adams 1 E-mail address: (10	City/State and Zip Code City/State and Zip Code COUNTY CODE County Code County Code County Code County Code Code	sation)							
For furt	her info	rmation conc	erning this matter, please call	:								
Sr	reila	Name of Pe	re Schultz	at (<u>727</u>) <u>808 - 2</u> Area Code Daytime	S195 Telephone Number							
Enclosed is a check for the following amount:												
□ \$ 25	.00 Filii	ng 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

Sky Event 1	Marketing LLC	
Name of the Limited Liability (A Florida	ty Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability C Florida document number <u>L170012294</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited	Company were filed on 4130 2	and assigned FILE PEC 28
The new name must be distinguishable and contain the words "Lim	ated Liability Company, the designation "LLC."	or the abbreviation "U.E.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		• •
	Flor	rida Zip Code
	J 44-	

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 Title Name **Address** Type of Action Holly L Adams 1225 N 36th St N#1035 DAG Phoenix, AZ 85008 Remove _____ Change AMBR Sheila M Schultz 3755 Pompano Dr. SE Add St. Petersburg, FL 33705 - Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add

☐ Remove

Change

If amending any other informat	don, circi	change(s) here.	imach dadin	ones incent, y	ecconary.,	
						
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Desire record specifies a delayed. The 90th day after the record.	t be specific ar ock does not epartment of leffective	nd cannot be prior to meet the applical State's records. date, but not	o date of filing or n ble statutory filir	nore than 90 days a ng requirements,	this date will no	ot be listed as
vated December 6		. 2018	•			
Holly	Signature of a	Adam a member or author	Sized representative	of a member	· · ·	2010
Holly	L /	Adams Typed or printed			SHASSE:	DEC 28
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		Page .	3 of 3		•	• • •

Filing Fee: \$25.00