## 117000131855

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DIVISION OF COMPERATION

N COOPER JUL 12 2018

## **COVER LETTER**

SUBJECT:		of Wedding & Event Design nited Liability Company	, LLC
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	And	Irew Walker	
		Name of Person	
	Eve	ent Decor Direct	
		Firm/Company	<del></del>
	98	SE 7th Street	
		Address	
	De	eerfield Beach, FL 33441	
		City/State and Zip Code	<del></del>
	accounting@e	ventdecordirect.com	
	E-mail address: (	to be used for future annual report not	ification)
For further information o	concerning this matter, please co	all;	
Barbara Koolick Kna	арр	at (800 ) 914 - 35	38
Name of Person			ne Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/COURI	

Registration Section
Division of Corporations
P.O. Box 6327

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Institute of	of Wedding & Event Design, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)		
The Articles of Organization for this Limited Liability Cor	mpany were filed on June 19, 2017	and assig	ned
Florida document number <u>L17000131855</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the ab	breviation "L.L.(	<del>C."</del>
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	(SS)		
		<del></del> -	_0
		<b>8</b>	JiSir O.3s
Enter new mailing address, if applicable:	<del></del>	<del></del>	35/77
(Mailing address MAY BE A POST OFFICE BOX)		0	~(주)~ () 건가
		PH	: <u>0</u>
		نخ	<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		the name of	the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	. Florida		
	City , 1 1011d2	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
AMBR_	James Lester	98 SE 7th Street, Deerfield Bch., FL 33441	🗹 Add
			□ Remove
			□ Change
			DbA 🗖
			Remove
			Change
			O Add
			_D Remove
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			☐ Change

Effective date, if other than the date of filing:  (optional)  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 605.020  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated  May 23  , 2018  Nignature of a member or authorized representative of a member								_
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Filing Fee: \$25.00