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## **COVER LETTER**

	egistration Se ivision of Cor		÷ ′	
el matricia		and Keepsakes LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ım all coπespo	ondence concerning this matter	to the following:	
		Debra Smith Gordon		22
			Name of Person	
		Creations and Keepsakes	LLC	288 F50 15
		· · · · · · · · · · · · · · · · · · ·	Firn/Company	<b>'</b>
		4672 NW 57th Avenue		
			Address	
		Coral Springs, Florida 3300	57	7
		creationskeepsakes@gmail	City/State and Zip Code .com	<del></del>
		E-mail address: (	to be used for future annual report not	tification)
For further	r information c	concerning this matter, please c	all:	
Debra Sn	nith Gordon		754 308-9008	
	Name o	of Person	Area Code Daytii	ne Telephone Number
Enclosed i	s a check for th	he 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)
		ING ADDRESS:		IER ADDRESS:
Registration Section Division of Corporations		Registration Secti Division of Corpo		
		ox 6327	Clifton Building	7
		assee, FL 32314	2661 Executive C	lenter Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Creations and Keepsakes LLC					
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now app ability Compan	y)	cords.)		
The Articles of Organization for this Limited Liability Company version of the Company vers	vere filed on	September	27, 2017	and as	ssigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	lity company	here:			
Avenue 8 Events LLC				~3	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," tl	ne designation '	'LLC" or the abbre		L.C:"
Enter new principal offices address, if applicable:				<u> </u>	4
Principal office address MUST BE A STREET ADDRESS)			· · · · · · · · · · · · · · · · · · ·	ū	7.7
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Enter new mailing address, if applicable:				<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:  Name of New Registered Agent:		on our rec	ords, enter th	ne name	of the
New Registered Office Address:					
	Enter Florida street uddiess				
			, Florida		
	City			Zip Code	
New Registered Agent's Signature, if changing Registered Agent:					
hereby accept the appointment as registered agent and agre	e to act in th	is capacity.	I further agree	е to соп	ply wit

If Changing Registered Agent, Signature of New Registered Agent

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 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
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			Remove
			Change
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ffective date, if other than the date of filing:		(optional)	ഗ	
an effective date is listed, the date must be specific and cannot be prior to date lote: If the date inserted in this block does not meet the applicable st ocument's effective date on the Department of State's records.	atutory filing requiren	nents, this date w	rill not be	listed a
e record specifies a delayed effective date, but not an each the filed.	effective time, at	12:01 a.m. o	n the ea	rlier d
ated Monday, April 8 2019				
100-41-				
Signature of a member of authorized r	representative of a memb	er		-

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Filing Fee: \$25.00