L17000201501

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S. WARREN 40V 0 7 2017

COVER LETTER

то:	Registration Sec Division of Corp			
		THE MAIN EVENT LLC		
SUBJ	ЕСТ:	Name of Limit	ted Liability Company	
The ci	nclosed Articles of a	Amendment and fec(s) are subn	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	o the following:	
		ALLISON L BYRD		
			Name of Person	
			Firm/Company	
			Address	
			City/State and Zip Code	
		E-mail address: (1	o be used for future annual report notif	ication)
For fi	irther information c	oncerning this matter, please ca	ill:	
Λl.L	ISON L BYRD		850 321-5535 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclo	sed is a check for th	ne following amount:		
■ \$	25.00 Filing Fec	□ \$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

(Name of the Limited Liab	ility Company as it now appears on our records.) ida Limited Liability Company)	
(V 1.10t)	ida Elimited Elantiny Company)	
The Articles of Organization for this Limited Liability	Company were filed on 09/28/2017	and assigned
Florida document number L17000201501		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
ALLIE AT THE MANE EVENT LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" o	r the abbreviation "L.f.,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
(Mailing address MAY BE A POST OFFICE BOX)	vistaved office address on our recents.	ontor the name of the
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or reg		enter the name of the
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or reg		enter the name of th
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or reg		enter the name of the
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office ad Name of New Registered Agent:		enter the name of the
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		enter the name of the
	Enter Florida street address	enter the name of the

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. I this decument 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

$\mathbf{AMBR} = \mathbf{A}$	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date	e of filing:	(optional)
effective date is listed, the date must be s e: If the date inserted in this block d	pecific and cannot be prior to date of filing or more than 9 loes not meet the applicable statutory filing require	0 days after filing.) Pursuant to 605.03 ments, this date will not be listed
ument's effective date on the Depart		
record specifies a delayed eff he 90th day after the record	ective date, but not an effective time, at is filed	12:01 a.m. on the earlier
ne sour day after the record	13 H/Cd.	
SEPTEMBER 28TH	2017	<u> </u>
- <u> </u>		AON 2
/ / /	U	
Allison B	ma.	
Allison B	ature of a member or authorized representative of a mem	ber

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