

L17000203375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

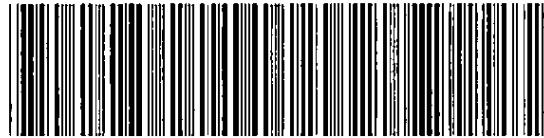
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

wrong form

Office Use Only



500304664575

10/19/17--01001--007 \*\*25.00

FILED  
17 NOV 30 PM 4:52  
TALLAHASSEE, FLORIDA

S. WARREN

DEC 01-2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 20, 2017

CORI HALLOWES  
4594 LAKE HOLDEN HILLS DRIVE  
ORLANDO, FL 32839

SUBJECT: OLLYWOOD EVENTS LLC  
Ref. Number: L17000203375

We have received your document for OLLYWOOD EVENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

OLIVER HALLOWES IS THE CURRENT REGISTERED AGENT ON RECORD,  
IF YOU WANT TO ADD HIM AS A PERSON AUTHORIZED TO MANAGE, USE  
ENCLOSED FORM

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 917A00021262

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Olllywood 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:

Cori Hallows  
Name of Person

Olllywood Events LLC  
Firm/Company

4594 Lake Holden Hills Dr.  
Address

Orlando, FL 32839  
City/State and Zip Code

Coriyarckin@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cori Hallows at (407) 252-7216  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

Already  
Paid

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 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 10/2/2017 and assigned Florida document number 617000203375

This amendment is submitted to amend the following:

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

\_\_\_\_\_  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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



[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Dec 1<sup>st</sup> 2017

Coni Hallowed

Signature of a member or authorized representative of a member

Cori Hallows

Typed or printed name of signee

FILED  
17 NOV 30 PM 4:52  
FBI - TAMPA  
TAMPA, FLORIDA