## 117000242628

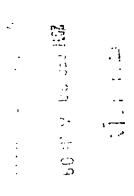
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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D. SCOTT DEC 21 2017

## **COVER LETTER**

TO:		tration Sect on of Corpo			
SUBJE		OUTHERN	EVENT RENTALS LLC		
30131.	C1	_	Name of Limi	ited Liability Company	
			mendment and fee(s) are sub-	-	
r rease r	CITIFIT A	n correspond	sence concerning this matter	to the following.	
			CAREY G MACCONNEL	L	
			-1-1-1-1-1	Name of Person	
			SOUTHERN EVENT REN	ITALS ELC	
		•		Firm/Company	
			4324 CREEKGLEN LANE	Ξ.	
				Address	
			LAKELAND, FL 33811		
				City/State and Zip Code	
			CSGMAC42@GMAIL.COM E-mail address: (t	M o be used for future annual report notific	cation)
For furtl	her info	rmation con	cerning this matter, please ca	dl:	
CAREY	′ G MA	CCONNEL	L	863 409-3429	
		Name of P	erson	at () Area Code Daytime	l'elephone Number
Engloss	ام ما ا	haale far tha	following omounts		
			following amount:	<b>7.044.0</b> 0 EW B	<b>7</b> 4 40 00 Pili
\$25	,00 F111	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)
			G ADDRESS: ion Section	STREET/COURIE Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHERN EVENT RENTALS LL	C	
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on NOVEMBER 27 2017	and assigned
Florida document number L17000242628		
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicab	ele:	
(Principal office address MUST BE A STREET	ADDRESS)	<u>.                                    </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		<u> </u>
D If any district the section of the		
B. It amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, <u>enter</u> ee address here:	the name of the ne
-		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	, Florida	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 gr removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	HOLLY A BENNETT	4324 Creekglen LN Lakeland FL	
			Remove
			☐ Change
		· · · · · · · · · · · · · · · · · · ·	Add
			☐ Remove
			Change
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Note:	tive date, if other the ffective date is listed, the call if the date inserted in ment's effective date or	this block does	not meet the app	licable statutory fi	(opt r more than 90 days afte ling requirements, th	ional) er filing.) Pursuant to 605.020 is date will not be listed a
	ecord specifies a de e 90th day after th			not an effectiv	e time, at 12:01	a.m. on the earlier
Dated	DECEMBER 18		2017	·		
		772	- al 1	0 00	ive of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00