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COVER LETTER

Division of Cor	porations			
SUBJECT:	CONTACT EV	ENTS LL Company	<u></u>	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	_ Anne M	Name of Person TEVENTS LLC Firm/Company NRISE BLVD-S Address LUC FL 33322 City/State and Zip Code wtat-wsc. new to be used for future annual report notifiall:		
	CONTAC	T EVENTS LLC		
		Firm/Company		
	8551 W SU	NRISE BLUD-S	UITE 105	إستإدست
		Address	現 看	اا
	PLANTATION	, FL 33322	W 27	5
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	E-mail address: (FL 33322 City/State and Zip Code utad-usa new to be used for future annual report notif	fication)	Ţ.,
For further information c	oncerning this matter, please ca	all:	Grand State of State	
An we Name o		at (<u>AS4</u>) <u>332–6</u> Area Code Daytime		
Enclosed is a check for the	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)	

MAILING ADDRESS:

TO:

Registration Section

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

CONTACT EVENT.	S LLC	records)		
(Name of the Limited Liability Cor (A Florida Limit	ted Liability Company)	records.		
The Articles of Organization for this Limited Liability Compa	any were filed on DEC.	15,2017	and assi	gned
Florida document number <u>L 17000256242</u> .		,		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company here:			
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation	n "LLC" or the abbre	viation "L.I	C."
Enter new principal offices address, if applicable:	·	<u></u>		
(Principal office address MUST BE A STREET ADDRESS)	2	<u> </u>	2016	-
			<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	-
			127	Section 1
Enter new mailing address, if applicable:		دي و و و و و <u>و و و و و و و و و و و و و و </u>	: 	ri
(Mailing address MAY BE A POST OFFICE BOX)			· ====================================	,,,,,,,,,,,
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B. If amending the registered agent and/or registered registered agent and/or the new registered office address because the second of the new registered of the address because the second of the new registered of the address because the second of the new registered of the address because the second of the new registered of the ne		ecords, <u>enter th</u>	e name	of the nev
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street	address		
		, Florida	Zip Code	
	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

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 Type of Action Title Name Address 4 FRIAR CT. DAdd DORINNE CADDOUS AMBR ORANGEBURG, NY 10962 ☐ Change □ Add _□ Remove □ Change □ Add ☐ Remove Change □-**G**hange □ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00