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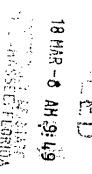
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Sec Division of Corp			
CG CEREM	IONIES & EVENT PLANNIN	VG, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	CAITLYN GILFOIL		
		Name of Person	
		Firm/Company	
	8069 SWEET ORANGE A	VE	
		Address	
	WINTER GARDEN, FL 3	4787	
		City/State and Zip Code	
	CAITLYN.GILFOIL@GM		
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
CAITLYN GILFOIL		407 717-1395	
Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for th	e 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:

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

CG CEREMONIES & EVENT PLANNING	•	
(<u>Name of the Limited Liabi</u> (A Flori	llity Company as it now appears on our recorda Limited Liability Company)	<u>"as.</u>)
The Articles of Organization for this Limited Liability Florida document number L18000001928	Company were filed on JANUARY 03, 2	2018 and assigned
lorida document number	<u></u> '	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
LIBERTY + ROSE EVENTS LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:	AL	
Mailing address MAY BE A POST OFFICE BOX)		() () () () () () () () () ()
		30
If amending the registered agent and/or registered agent and/or the new registered office ad		and the second
egistered agent and/or the new registered office ad-	<u>oress nere</u> :	
Name of New Products 4 Access		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	23
	, F	lorida
	City	esp coue

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	PATRICK GILFOIL	8069 SWEET ORANGE AVE	■ Add
		WINTER GARDEN, FL 34787	☐ Remove
			☐ Change
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	d specifies a do th day after th			ut not an ef	fective time	, at 12:01 a.ı	m. on the	e earli	ier of
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	RCH 05	Signature	in H	pel rauthorized rep	presentative of a	member			

Page 3 of 3

Filing Fee: \$25.00