

118000021489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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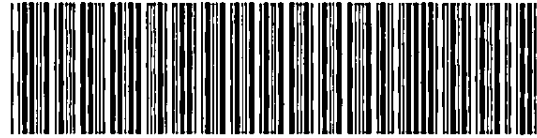
(Business Entity Name)

(Document Number)

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18 OCT -1 AM 5:27  
STATE  
TALLAHASSEE, FLORIDA

✓ SAIV  
OCT - 8 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DESTINY EVENT VENUE, 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:

KEITH LOVETT

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

355 N. RONALD REAGAN BLVD SUITE # 1041

\_\_\_\_\_  
Address

LONGWOOD, FL. 32750

\_\_\_\_\_  
City/State and Zip Code

KEEDRE@AOL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEITH LOVETT

904

710-5018

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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**

DESTINY EVENT VENUE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
**18 OCT -1 AM 5:27**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/24/2018 and assigned  
Florida document number L18000021489.

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 "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

355 N. RONALD REAGAN BLVD

LONGWOOD, FL. 32750

SUITE # 1041

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4630 S. KIRKMAN RD

# 330

ORLANDO, FL. 32811

**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:**

KEITH LOVETT

**New Registered Office Address:**

355 N. RONALD REAGAN BLVD SUITE # 1041

*Enter Florida street address*

LONGWOOD

*City*

Florida 32750

*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

Title	Name	Address	Type of Action
MGR	KEITH LOVETT	355 N. RONALD REAGAN BLVD SUITE #1041	<input checked="" type="checkbox"/> Add
		LONGWOOD, FL. 32750	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LAKISHIA LOVETT	355 N. RONALD REAGAN BLVD SUITE #1041	<input checked="" type="checkbox"/> Add
		LONGWOOD, FL. 32750	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OMAR FURNIEL	355 N. RONALD REAGAN BLVD SUITE #1041	<input checked="" type="checkbox"/> Add
		LONGWOOD, FL. 32750	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SUSAN FURNIEL	355 N. RONALD REAGAN BLVD SUITE #1041	<input checked="" type="checkbox"/> Add
		LONGWOOD, FL. 32750	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FILED  
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ST. CLAIR COUNTY, FLORIDA  
TALLAHASSEE

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**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.

(b) The 90th day after the record is filed.

Dated SEPTEMBER 25TH 2018

Kath Lovitt

Signature of a member or authorized representative of a member

KEITH LOVETT

Typed or printed name of signee