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SECRETARY OF STATE TALLAHASSEE, FLORIBA

## **COVER LETTER**

Division of Corporations	
SUBJECT: Weddings By Nato 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:	
Natalle Tuke Name of Person	
Weddings By Nato LCC Firm/Company	
125 Rains Drive	
Ponce Inkt FL 32127  City/State and Zip Code  Nato @ Nato tuke. Com  E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Notalie Tuke at (407) 921 - 3355  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status  □ \$30.00 Filing Fee Certified Copy (additional copy is enclosed)  S60.00 Filing Fee. 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

(Name of the Limited	By Nato Liability Company Florida Limited Lia	as it now appears on bility Company)	our records.)		
The Articles of Organization for this Limited Lial Florida document number <u>L18000030</u>	bility Company w			and assign	ed
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabili	ty company here:			
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the design	nation "LLC" or the abbr	reviation "L.L.C	
Enter new principal offices address, if applical	ole:				TAI SE
(Principal office address MUST BE A STREET	ADDRESS)			<u></u>	LAS I
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>			3 20 PM 7: 10	SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA
B. If amending the registered agent and/or registered agent and/or the new registered offi		ce address on ou	ır records, <u>enter t</u>	he name of	the new
Name of New Registered Agent:	Natalie	Tuke		*****	
New Registered Office Address:		Enter Florida	street address		
		City	, 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 or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title Address** Type of Action <u>Name</u> 125 Rains Prive - Add Nato Tuke MGR PONCE INICH, FL 32127 X Remove Change Natalie Tuke 125 Rains Drive Add MGR Ponce Inlet FL 32127 \_□ Change \_□ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change

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Filing Fee: \$25.00