L180000 47040

(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

Division of Corp	orations		
COLORED F	HEARTS EVENTS LLC		
	Name of Limited	d Liability Company	
The enclosed Articles of A	mendment and fee(s) are submit	tted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Jonathan I Cifuentes		
		Name of Person	
	Colored Hearts Events LLC		
		Firm/Company	
	2642 Island Dr		
		Address	
	Miramar, Florida 33023		
		City/State and Zip Code	
	coloredheartsevents@gmail.co		
	E-mail address: (to b	be used for future annual report notificat	ion)
For further information con	ncerning this matter, please call:		
Jonathan I Cifuentes		at () Area Code Daytime Te	
Name of F	Person	Area Code Daytime Te	lephone 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:

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

COLORED HEARTS EVENTS LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	·
The Articles of Organization for this Limited Liability Company	were filed on 02/21/2018	and assigned
Florida document number L18000047040		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company" the designation "LLC" of	the abbreviation #1. C. #
Enter new principal offices address, if applicable:	Ty company, the designation LES of	AP AP
(Principal office address MUST BE A STREET ADDRESS)		SS
		E CHOCK
		FLOI FLOI
Enter new mailing address, if applicable:		5 RRIDE
(Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		•
	Enter Florida street address	
	, Flori	
	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

<u>Title</u>	Name	Address	Type of Action
AMBR	JONATHAN I CIFUENTES	2642 Island Dr	Add
		Miramar, FL 33023	□ Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
			□ Change
			□ Add
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Note: If the date in	other than the date of sted, the date must be speci serted in this block does te date on the Departmen	not meet the applic	able statutory filing re	(optional) than 90 days after filing.) Pure equirements, this date will	suant to 605.0207 (not be listed as t
	ies a delayed effect after the record is f		ot an effective tim	e, at 12:01 a.m. on t	:he earlier of:
March 9		2018			
Dailed	. /	,			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00