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SECRETARY OF STATE

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Flluminat	re Events LLC	
SUBJECT:		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:	
	Conf	W. Beltran	
	.,	Name of Person	
	Ellum	inate Events L	<u>lc</u>
		Firm/Company	
	4206 3	Brightmour Circ	le
		Address	
	Octuno	10, FL 32837	
	E-mail address: (1	elluminatepresent	S - COM
For further information co	ncerning this matter, please ca		
Cony N. F	Beltran	at (303) 966 Area Code Daytin	7612
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration Solution of Co		Registration Se Division of Co	
P.O. Box 6327	•	The Centre of 1	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Elluminate Eve	ents LC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>しし</u> 000103363	were filed on	30 3018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Elluminate Presents UC	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		202 5 5 12 12
		CR M
Enter new mailing address, if applicable:		16 ARY ASSET
(Mailing address MAY BE A POST OFFICE BOX)		FLORIA FOR
		<u>ΞΗ ω</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>en</u>	ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ade	iress
		Florida
	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 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
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			SECRETIVE COL
		.	ORIDE: Cashange
			□Add □Remove
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