L18000 173 096

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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ALLAHASSEE (1 (20))A



August 21, 2019

LA'TASHA MANN CLASSY CHICS EVENT PLANNING & CATERING 1971 WEST LUMSDEN ROAD STE 229 BRANDON, FL 33511

SUBJECT: CLASSY CHICS EVENT PLANNING & CATERING, LLC

Ref. Number: L18000173096

We have received your document for CLASSY CHICS EVENT PLANNING & CATERING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 119A00017006

Shelia H Young Regulatory Specialist II

RECEIVED 198

COVER LETTER

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT:	SSY Mics Name of Limi	EVENT Planning.	1 Catenny UC
The enclosed Articles of Ai	mendment and fee(s) are subt	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	La Tasi	Name of Person	Planning + Cateny UC
	Classu	Chics Event 1	lanning + caking w
		umsden Rd S	
	Brandon Classyple E-mail address: (1)	City/State and Zip Code Anners 4 @ gma1, Code to be used for future annual report noti	m fication)
For further information con	scerning this matter, please ca	all:	
La Tasha Name of I	Mann	at (<u>813</u>) <u>784-</u> Area Code Daytim	9034 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)
Registrat	G ADDRESS: ion Section of Corporations	STREET/COURI Registration Section Division of Corporation	on .

Clifton Building

2661 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Classy Chics Event Planing + Caking L (Name of the Limited Liability Company wit now appears on one recor (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{1}{18/2}$. Florida document number $\frac{18000173096}{18000173096}$.	o 18 and assigned
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 "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- · <u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	·
(Mailing address MAY BE A POST OFFICE BOX)	75 CG
B. If amending the registered agent and/or registered office address on our record registered agent and/or the new registered office address here:	177
	PH 3:
Name of New Registered Agent:	88
New Registered Office Address: Enter Florida street addre	
	lorida 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 t 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 addor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Traci Mc Cree-F	ortins 2622 tokon ?	HFFDF Add
		2622 Yukon Clift DR.	Atemove
		2622 Yukon Cliff DR. Ruskin, FL 33370	☐ Change
			Add
			Remove
			☐ Change
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ffective date, i	f other than the date of s listed, the date must be spec	f filing:		(optional)	
Sote: If the date	insted, the date must be spec inserted in this block doe tive date on the Departme	s not meet the applicab	late of filing or more man le statutory filing requir	90 days after (timg.) Purst rements, this date will n	ot be listed
	ifies a delayed effec y after the record is		an effective time, a	it 12:01 a.m. on th	ne earlier
vated	ptember 2	2019			
	ptember 2 Clega Signiu	ite Satta			
	Signatu	re of a member or authori	zed representative of a me	mber	

Page 3 of 3

Filing Fee: \$25.00