## L1800020980Z

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## **COVER LETTER**

Tres Elegant Event and Decor LLC SUBJECT: 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: Patricia Sam Name of Person Tres Elegant Event and Decor LLC Firm/Company 6900 Landings Drive 204 Address Lauderhill, FL 33319 City/State and Zip Code treseleganteventanddccor@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Patricia Sam Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fec & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

Tres Elegant Event and Decor LLC (Name of the Limited Ligh	ility Company as it r	now appears on o	ur records.)			
( <u>Name of the Limited Liab</u> (A Flori	da Limited Liability	Company)	<u>ar records.</u> )			
The Articles of Organization for this Limited Liability Florida document number L18000209802	Company were fi	led on <u>09/01/20</u>	18	{	and assi	igned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	mited liability cor	mpany here:				
The new name must be distinguishable and contain the words "L	imited Liability Comp	oany," the designat	tion "LLC" or th	e abbrevia	ation "L, l	L.C."
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADI	ORESS)			3:-	019S	क्रम्धा
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Enter new mailing address, if applicable:		·		<u> </u>	<u> </u>	; ½ , 
(Mailing address MAY BE A POST OFFICE BOX)				<u>:</u>	<u>ö</u>	·
				<del></del>	വ	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	5	ldress on our	records, ent	ter the	name (	of the r
Name of New Registered Agent:						
New Registered Office Address:			····			
		Enter Florida str	eet address			
<u></u>			, Florida			
	City	v		Zi	ip Code	

If Changing Registered Agent, Signature of New 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

New Registered Agent's Signature, if changing Registered Agent:

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
CFO	Marlon Sam	6900 Landings Drive 204 Lauderhill, FL 33319	
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ective date, if other than the date of filing:  officitive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 to effective date in this block does not meet the applicable statutory filing requirements, this date will not be listed summers's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the 90th day after the record is filed.  September 17  2019  Augustua January  Signature of a member or authorized representative of a member  Patricia Sam  Typed or printed name of signee	effective immediately.	
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Patricia Sam		
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	Patricia Sam	

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Filing Fee: \$25.00