

L18000 29/223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

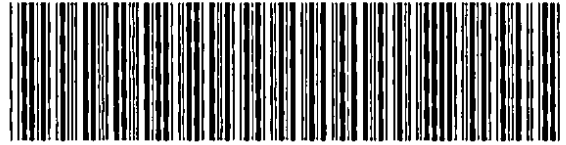
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2023 SEP 19 PM 12:40
DIVISION OF CORPORATE SERVICES

2023 SEP 19 PM 1:00
MALLANBASSER FILING

R. HUNT
09/19/23

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 9/19/2023

NAME: EVENT MORE LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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DIVISION OF CORPORATE AFFAIRS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EVENT MORE 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:

SEVERINE GIANESE-PITTMAN

Name of Person

GIANESE-PITTMAN PA

Firm/Company

4300 BISCAYNEBOULEVARD SUITE 305

Address

MIAMI FL 33137

City/State and Zip Code

SEVERINE@SGPITTMAN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEVERINE GIANESE PITTMAN

786 547 6919
at (_____) _____

Name of Person

Area Code

Daytime 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 SEP 19 PM 12:40
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FORESTIER, CAMILLE	11930 N BAYSHORE DR	<input type="checkbox"/> Add
		APT 1101	<input checked="" type="checkbox"/> Remove
		NORTH MIAMI, FL 33181	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2023 SEP 19 PM 2:40
DIVISION OF CONSUMER AFFAIRS

[illegible]

RECEIVED
DIVISION OF CORPORATE AFFAIRS
2023 SEP 19 PM 12:40

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 09/18 2023

Severine Weimoun

Signature of a member or authorized representative of a member

SEVERINE MEIMOUN

Typed or printed name of signee

Filing Fee: \$25.00