SCEL 2422 (Requestor's Name) (Address) 800415812268 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL DIVISION 2023 SEP 19 PH 12: 40 (Business Entity Name) (Document Number) Certified Copies Certificates of Status \_\_\_\_ AD IZLLZHASSIE FIGDIN Special Instructions to Filing Officer 2829 SED 15 Mg Office Use Only

R. HUNT R. HUNT C. 8/18/2\_Z

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DATE: 9/19/2023

NAME: EVENT MORE LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

**RETURN: PLAIN COPY PLEASE** 

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

D. VISION OF COMPONATION 2023 SEP 19 PH 12: 40 TO: Registration Section Division of Corporations

:

EVENT MORE 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:

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:

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) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 2023 SEP

19 PH12:4

Marsham

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### EVENT MORE LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company were filed on $\frac{10/15/2018}{2000}$ and assigned and assigned and assigned by the second se | gned |
|---|------|
|---|------|

Florida document number L18000242232

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 "LLC" or the abbreviation "L.L.C."

| Enter new principal offices address, if applicable: |        |          |
|---|--------|----------|
| (Principal office address MUST BE A STREET ADDRESS) |        | -        |
|   | Sec. 1 | 22       |
|   | ;      | 1        |
|   | 0 0    | ÷~ -     |
| Enter new mailing address, if applicable:           | B      | <u>_</u> |
| (Mailing address MAY BE A POST OFFICE BOX)          |        |          |
|   |        | 1        |
|   |        |          |

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

| Name of New Registered Agent:  |                          | <u></u>  |
|--------------------------------|--------------------------|----------|
| New Registered Office Address: |                          |          |
|                                | Enter Florida street add | ress     |
|                                |                          | 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

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| <u>Title</u> | <u>Name</u>        | Address               | <b>Type of Action</b> |
|--------------|--------------------|-----------------------|-----------------------|
| MGR          | FORESTIER, CAMILLE | 11930 N BAYSHORE DR   | 🗆 Add                 |
|              |                    | APT 1101              | ■Remove               |
|              |                    | NORTH MIAMI, FL 33181 |                       |
|              |                    |                       | □Add                  |
|              |                    |                       | 🗆 Remove              |
|              |                    |                       | Change                |
|              | <u> </u>           |                       | Add SEP By PH         |
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|              |                    |                       | Change                |

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**D. If amending any other information, enter change(s) here:** (Attach additional sheets, if necessary.)

| ·<br>· |   | DIVISION C                                     |
|--------|---|--|
|        |   | <b>61</b>                                      |
| -      |   | ри 2141<br>РИ 12: <b>40</b>                    |
| -      |   |  |
| Note:  | tive date, if other than the date of filing:(optional)<br>Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu<br>If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n<br>nent's effective date on the Department of State's records. | iant to 605.0207 (3)(b)<br>ot be listed as the |

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 \_\_\_\_\_, 2023

Severine Meimoun

Signature of a member or authorized representative of a member

SEVERINE MEIMOUN

Typed or printed name of signee

Filing Fee: \$25.00