## L18000271326

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasiness Entry 7, 5, 10)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900353877959

10/19/20--01028--007 \*\*25.00



NOV 20 2020

M. SOLOVICE

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT: <u>50</u>	Phisticated Name of Lim	Settings Even	+ Rental,	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Lindse	y Peacock Name of Person		
	Soph	isticated Sett	ing5	2028
	185 E. Inc	diantown Rd.,	Suite 130	90T 19
		City/State and Zip Code		PH 12: 49
	E-mail address: (	KO40829 Ma to be used for future annual report not	ification)	. · · · · · · · · ·
For further information c	oncerning this matter, please c	all:		
Lindsey Po	Person	at ( <u>561</u> ) <u>329</u> - Area Code Daytin	-9987 ne Telephone Number	_
Enclosed is a check for the	ne 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 F Certificate of S Certified Copy (additional copy is	Status &
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Division of C	orporations	Division of Co	rporations	
P.O. Box 632	. /	The Centre of	i ananassee	

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sophisticated Sett (Name of the Limited Liability Companied) (A Florida Limited)	ings Event Rental, LLC any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1800027132</u>	were filed on $11/21/18$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	185 E. Indiantown Rd. Suite 130  Jupiter, FL 33477
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	185 E. Indiantown Rd. Swite 130 Jupiter, FL 33477
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	2820 OCT
New Registered Office Address:	Emer Florida street address
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code :

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□ Add · · · · · · · · · · · · · · · · · ·
			Remove PH Change 149
			□Add
			□Remove
			□Change
			Remove
			□Change
			🗆 Add
			□Remove

\_ □Change

						·		_
								_
								_
	····-							_
								_
								_
								_
								_ 
-								00 <b>16</b>
					<del> </del>		1.3	CT
<del></del>	<del></del>						**************************************	_9 _F
		<del></del>						PH 12:
							** 	6 <sup>1</sup> 1 :
								_
								_
								_
ffective date, if	other than the date listed, the date must be sp	of filing:				(optional)	_	
<b>(ote:</b> If the date i	inserted in this block do	oes not me	et the applic	able statutory				
ocument's effecti	ive date on the Departn	nent of Sta	ite's records.					
record specifies a	a delayed effective date	, but not a	n effective ti	me, at 12:01 a	.m. on the earli	erof: (b) The	e 90th day af	ter the
d is filed.	•					, ,	•	
	1 20 17		2020	1				
	70 $6$ $6$ $6$ $6$	<u> </u>		<u> </u>				
	12 00ex 12		10					
Dated <u>Oct</u>	\QQQ	<b>6</b> 0 -	ember or autho		ative of a membe			