L18000282332

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COVER LETTER

FO: Registration S Division of Co			
_{SUBJECT:} Emerald	d Coast Events, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Natalia Motovilova		
		Name of Person	
	Emerald Coast Ever	nts, LLC	
		Firm/Company	
	6635 Low Countr	v Road	
		Address	· · · · · · · · · · · · · · · · · · ·
	Cumming, GA, 30040.		
	——————————————————————————————————————	City/State and Zip Code	
	info@emeraldcoastevent		
	E-mail address: (to be used for future annual report notif	leation)
For further information	concerning this matter, please ca	all:	
Natalia Motovilova	a	at (678) 7564894	
	of Person		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:

TO:

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

Emerald Coast Events, LLC				
(Name of the Limited	Liability Compan Florida Limited L	y as it now appears on our ability Company)	records.)	
The Articles of Organization for this Limited Liab Florida document number L18000282332	oility Company v	were filed on December	er 07, 2018	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabi	lity company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Company," the designation	"LLC" or the abbrev	riation, "L.L.C."
Enter new principal offices address, if applicat	ole:			020 NOV
(Principal office address MUST BE A STREET	ADDRESS)			
		<u></u>		3
Enter new mailing address, if applicable:		5485 Bethelview R	d	
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	Suite 360 - 352		Φ
		Cumming, GA, 300)40.	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offi	ce address here	;	ecords, <u>enter the</u>	name of the nev
Name of New Registered Agent:	Registered	Agents Inc.		
New Registered Office Address:	7901 4th S	St N STE 300 Enter Florida street	address	
	St. Petersk	ourg	_, Florida <u>3</u> 37	02
		City		Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this circumstance.	and complete pered agent as peregraphical agent as peregraphical agent as peregraphical agent and agent agen	performanc <mark>e</mark> of my dute rovided for in Chapter	es, and I am fam 605, F.S. Or, if i	iliar with and his document is

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>	Address	Type of Action
AMBR	OLENA KOVALENKO	525 TRIBBLE GAP RD.	Add
		PO BOX# 3377	Remove
		CUMMING, GA 30028	Change
			Remove FOVDCharge
			PAdd D 2 CRemove
			□ Remove
			Change
			☐ Remove
			Change
			Remove
			☐ Change

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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or many the prior to date of fil	(optional)
ote: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	og requirements, this date will not be listed a
e record specifies a delayed effective date, but not an effective to The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier
November 19 2020 ABMony	
es A . —	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee