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## **COVER LETTER**

	egistration Sec ivision of Corp			
SUBJECT		ARTY RENTAL LLC		
SUBJECT	•	Name of Lim	ited Liability Company	-
		amendment and fee(s) are sub	-	
		MILAGROS VILORIA		
		-	Name of Person	
		<del></del>	Firm/Company	
		2778 N UNIVERSITY DE	₹	
	<del></del>			
		SUNRISE FL 33322		
			to be used for future annual report notifi	cation)
For further	information co	ncerning this matter, please ca	all:	
MILAGRO	OS VILORIA		954 3910812	
Name of Person		at () 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, FI, 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

LUXURY PARTY RENTAL LLC		
( <u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records.) Limited Lability Company)	
The Articles of Organization for this Limited Liability Co Florida document number $\frac{1.19000007695}{1.19000007695}$	ompany were filed on <u>01/07/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
LUXURY EVENT SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRI	ESS)	TOP TO THE PERSON NAMED IN COLUMN TWO IN COL
		29
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		95 <b>9</b>
		Dγ 17
B. If amending the registered agent and/or registered agent and/or the new registered office address.		er the name of the no
Name of New Registered Agent:		
New Registered Office Address:		<del></del>
	Enter Florida street address	
	, Florida	
	Circ	Zin 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 Changing Registered Agent, Signature of New Registered Agent

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 = 1	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			□ Remove
		<del></del>	☐ Change
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Filing Fee: \$25.00