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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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08/31/20--01033--009 **25.00

08/31/20--01033--010 **5.00

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MK EYE CATCHING EVENTS LIMITED LIABILITY COMPANY

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:

MASHANDA BRYANT

Name of Person

MK EYE CATCHING EVENTS LIMITED LIABILITY COMPANY

Firm/Company

1735 NW 189TH TERRACE

Address

Miami Gardens, Florida 33056

City/State and Zip Code

mkecc2k19@gmail.com

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

For further information concerning this matter, please call:

MASHANDA BRYANT

305 316-2213
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MK EYE CATCHING EVENTS LIMITED LIABILITY COMPANY

(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 MARCH 18, 2020 and assigned
Florida document number L19000021200.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MK EYE CATCHING EVENTFUL CREATIONS LIMITED LIABILITY COMPANY

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)

1735 NW 189TH TERRACE

MIAMI GARDENS, FLORIDA 33056

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 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>
AR	MASHANDA BRYANT	1735 NW 189TH TERRACE	<input type="checkbox"/> Add
		MIAMI GARDENS, FLORIDA 33056	<input type="checkbox"/> Remove
		TITLE NEEDS TO BE CHANGED TO AMBR	<input checked="" type="checkbox"/> Change
AR	KIESHA RULE	4101 NW 26TH STREET #363	<input type="checkbox"/> Add
		LAUDERHILL, FLORIDA 33313	<input type="checkbox"/> Remove
		TITLE NEEDS TO BE CHANGED TO AMBR	<input checked="" type="checkbox"/> Change
AMBR	DAIJA GRIFFIN		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DANIELLE JONES		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DARREN BRYANT		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

In addition to event planning we will also be specializing in customized apparel and gifts.

[illegible]


E. Effective date, if other than the date of filing: _____ (optional)

(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 AUGUST 25TH 2020


Signature of a member or authorized representative of a member

MASHANDA BRYANT

Typed or printed name of signee