L19 0000 29676

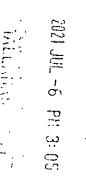
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Division of Cor					
FLODASH	EVENTS LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	KIMBERLY GROGRAN				
		Name of Person			
	DASH SPORTS				
		Firm/Company			
	741 W MONTROSE STRI	EET			
		Address			
	CLERMONT, FL 34711				
		City/State and Zip Code			
	kimberlyrose215@gmail.co	m to be used for future annual report noti	ification)		
For further information c	oncerning this matter, please ca		·		
DAVID T NAMENIUK.	, CPA, JD	701 388-2228 at ()		202	
Name o	f Person	Area Code Daytim	e Telephone Number	2021 JUL -6	7
Enclosed is a check for the	ne following amount:			er en	
\$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (ing Fee. ట్ర e of Status &	J
		0			

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

FLODASH EVENTS LLC				
(<u>Name of the Limited Liabilit</u> (A Florida	v Company as it now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability Co Florida document number L19000029676		9 a	nd assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or t	he abbrevia	tion "L.L.C	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ESS)		_	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
irming dualess mill Delil Con Office Bony		: : بـــــ	202	
B. If amending the registered agent and/or registered	l office address on our records, enter the i	name of t	he new ro	egistere
agent and/or the new registered office address here:		:	φ.	
			무	
Name of New Registered Agent:		·	<u> </u>	وسعد
			S	
New Registered Office Address:	Enter Florida street address			
w1119	, Florida	a	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	KEVIN GROGAN	741 W MONTROSE STREET	□ Add
		CLERMONT FL 34711	Remove
			□ Change
			□Add
			Remove
			□Change
			
			□Remove
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ffective 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 more than ote: If the date inserted in this block does not meet the applicable statutory filing required occurrent's effective date on the Department of State's records.	90 days after filing.) Pur rements, this date will	suant to 605.020 not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the c is filed.	earlier of: (b) The 90	th day after the
Aunha W Hu		
Significant of a member or authorized representative of a me	ember	
Signature of a member of authorized representative of a me		

Filing Fee: \$25.00