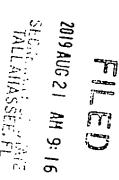
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## **COVER LETTER**

O: Registration Section Division of Corporations	
SUBJECT: The Event Designers LLC.  Name of Limited Etability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Michelle Morgan Name of Person	
The Event Designers, LLC.	
4417 Sage Green 7es	
Scrasotzi FL 34243 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Miwelle Morgon at (269) 598 - 6702  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 \$ Certified Copy (additional copy is enclosed) \$ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	

### MAILING ADDRESS:

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

(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company were filed on3  Florida document number1900062915	15/19	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:	t is submitted to amend the following:  g name, enter the new name of the limited liability company here:  t be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  cipal offices address, if applicable:  e address MUST BE A STREET ADDRESS)  ling address, if applicable:  ES MAY BE A POST OFFICE BOX)  ong the registered agent and/or registered office address on our records. enter the flame of the new tand/or the new registered office address here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u></u>	20
	ALL/	9 AUG
Enter new mailing address, if applicable:	<u> </u>	C CHARLES
(Mailing address MAY BE A POST OFFICE BOX)		
		i≠:πj
B. If amending the registered agent and/or registered office address on ou	r records, enter the	_
registered agent and/or the new registered office address here:	enter un	mine or the nev
Name of New Registered Agent:		
New Registered Office Address:		
	areet 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>	Address	Type of Action
MGR	Lavren Miller	5441 Chathan Square L	₩ <b>y</b> _□ Add
		Bradenton IFL 34203	Remove
		-	☐ Change
		<del></del>	Remove
			Change
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fan eff <u>Note:</u>	ive date, if other than the date of filing:  Apol 24,20 (bptional)  dective 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 (  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ent's effective date on the Department of State's records.
e rec The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ated	8/19/19 Malle Mop
	Signature of a member or authorized representative of a member  Michelle Morgan
	11 /1. ^1 ^ 0 1 1 0 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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Filing Fee: \$25.00