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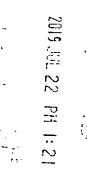
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## **COVER LETTER**

Division of Corporations
SUBJECT: Mandy B Design and Event Solutions, LLC 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:
Amanda Bloodworth
Mandy B Design and Event Solutions, LL
846 Lilac Trace Ln. Datando Fr 32828
Crity/State and Zip Code  MandybdeSignandeventsagmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Amanda Bloodwoth at (401) 907 - 04-75  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & Certified Copy (certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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.

The Articles of Organization for this Limited Liability Company were filed on March 8,2019 and assigned Florida document number L19000007102 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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:

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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 Type of Action Title **Address** Name Amanda Blocdworth O46 Lilac Trace Ln. Orlando, Xada Florada 32628 ☐ Remove ☐ Change 844 Mac Trace Ln. AMBR Jonathan Bloodworth contraction orlanda Fi □ Remove Change □ Add ☐ Remove ☐ Change \_D Add ☐ Remove Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove

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Effective date, if oth	her than the date of filing:
Note: If the date inser	ed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 creed in this block does not meet the applicable statutory filing requirements, this date will not be list date on the Department of State's records.
	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earl fter the record is filed.
Dated July	1 18 . 18 2019.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00