

L19000075082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

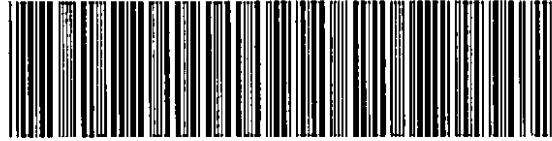
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2021 MAY 10 A 11:24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dezinate Event Planning L LC
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:

Natori Pitts
Name of Person

Dezinate event planning LLC
Firm/Company

8209 ne 6th Ave
Address

Cape Coral, FL 33909
City/State and Zip Code

Dezinate.Event1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natori Pitts at (239) 233-6592
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

2021 MAY 10 AM 11:24

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

Dezignate Event Planning LLC

(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 3/18/2019 and assigned Florida document number 219000075082.

This amendment is submitted to amend the following:

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

Not applicable. Name is staying the same

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)

N/A address same

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A address same

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:

Natori Pitts

New Registered Office Address:

2204 NE 6th Ave

Enter Florida street address

cape coral

City

Florida

33909

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.

Natori Pitts

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>
MGR	Donald Robinson	2209 NE 16 th Ave	<input type="checkbox"/> Add
		Cape Coral FL 33909	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Angela McDuffie	2646 Lime St	<input type="checkbox"/> Add
		Fort Myers FL 33916	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Angela McDuffie	2646 Lime St	<input checked="" type="checkbox"/> Add
		Fort Myers FL 33916	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Natori Robinson	2209 NE 16 th Ave	<input type="checkbox"/> Add
		Cape Coral, FL 33909	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Natori Pitts	2209 NE 16 th Ave	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33909	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Natori Pitts	2209 NE 16 th Ave	<input checked="" type="checkbox"/> Add
		Cape Coral FL 33909	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

2021 MAY 10 AM 11:24

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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 May 4th, 2021

Nathan Pitts

Signature of a member or authorized representative of a member

Nathan Pitts

Typed or printed name of signee

Filing Fee: \$25.00