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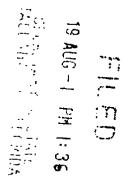
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO:	Registration Se Division of Cor			
	La Vie Est	Belle Decor & Catering LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
			- , .	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Frantz Donat		
			Name of Person	
			Firm/Company	
		12956 SW 43rd CT		
			Address	· · · · · · · · · · · · · · · · · · ·
		Miramar Florida 33027		
		midnwilliam@yahoo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furth	ner information co	oncerning this matter, please c	all:	
Midna	William		786 5032262	
	Name of	f Person	at ()	: Telephone Number
Enclosed	d is a check for th	e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO
ARTICLES OF ORGANIZATION
OF

La Vie Est belle Decor & Catering LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Forever Event Designs LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		7 -0 ITI
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		*
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:		r the name of the n
	Enter Florida street address	
<u></u>	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I an	n familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Frantz Donat		
		12956 SW 43rd CT Miramar Fl 33027	
		5,1027	■ Remove
			□ Change
CEO	Midna William	12956 SW 43rd CT Miramar Fl	
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Effective date, if other than the date of filing:	
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fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	
document's effective date on the Department of State's records. le record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t	not be listed as
The 90th day after the record is filed.	не сагнег О
07/29 2019	
Dated	
Signature of a member or authorized representative of a member	
Midna William	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00