# 119000121234

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	· · · · · · · · · · · · · · · · · · ·
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	<u>.</u>
Certified Copies	_ Certificate:	s of Status
Special Instructions to F	Filing Officer.	
		:

Office Use Only

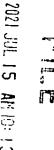


400369200864

07/16/21--01004--003 \*\*25.00

Anund

JUL 1 6 7021 I ALBRITTON



## **CORPORATE** ACCESS, \_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

• P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

	PIC	K UP:	7/15 DANNY			
	CERTIFIED COPY					
XX	РНОТОСОРУ			·		
	CUS					
XX	FILING	LLC A	MEND	<del></del> -		
1.	DAMOUR EVENTS MU	JLTI SERV	ICES LLC			
	(CORPORATE NAME AND DOCU	MENT #)				-
2.						
	(CORPORATE NAME AND DOCUME	MENT #)				
3.						
	(CORPORATE NAME AND DOCUM	MENT #)			· · · · · · · · · · · · · · · · · · ·	
4.						
	(CORPORATE NAME AND DOCUM	MENT #)		·		
5.						
	(CORPORATE NAME AND DOCUM	MENT #)		<u> </u>		
6.						
	(CORPORATE NAME AND DOCUM	MENT #)		_		
SPECIAI INSTRU	L CTIONS:					
	<del></del>					

#### **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: DAMOU	R EVENTS MULTI SERVICES	SIIC	
<u> </u>		nited Liability Company	7844
m			
the enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DAMALIBLODIC		
	DAMAURI SIMS	Name of Person	
	DAMOUR EVENTS MUI	LTI SERVICES LLC	
		Firm/Company	
	5713 HOLLYWOOD BLY	/D Address	
		Address	
	HOLLYWOOD FL 33021		
	110EET # 00D 1 E 33021	City/State and Zip Code	
	DAMOUR.EVENTSI@GM	AAII COM	
	E-mail address: (t	o be used for future annual report noti:	fication)
For further information c	oncerning this matter, please ca	dl:	
DAMAURI SIMS		at (305 ) 900-7188	
Name o	f Person		Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

 $TO \cdot$ 

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

DAMOUR EVENTS MULTI SERVICES 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 05/03/2019 and assigned Florida document number L19000121234 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: Enter Florida street address City

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	DAMAURI SIMS	5713 HOLLYWOOD BLVD HOLLYWOOD	<b>=</b> Add
		FL 33021	□Remove
			□Change
			□Adđ
			□Remove
			□Change
<del></del> -			🗆 Add
			□Remove
			□Change
· · · · · · · · · · · · · · · · · · ·			[]Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
·			🗆 Add
			IDRemove

	fective date, if other than the date of filing:
reco d is f	rd 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 iled.
	07/15/2021
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member