L19000134910

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Enacy Name)
(Document Number)
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Special Instructions to Filing Officer:





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COVER LETTER

TO:

Registration Section

Tallahassee. FL 32314

Division of Cor	porations			
subject: <u>Ba</u>	Shment Event Name of Limi	Center LLC_	<u>-</u>	
	Amendment and fee(s) are sub			
Please return all correspo	ondence concerning this matter	to the following:		
	Tiffar	Name of Person	-	
	Registered Agent	AMBR Bashment E	vent Center LLC	
	3347 Mor	avia Avenue		
	North P	OVT FL 34286 City/State and Zip Code	2023 F SECI AL	•
	<u>bashmen</u>	tec @ amail. Com to be used for fundre annual report notif		6
For further information c	oncerning this matter, please of		3 9 P	<u> </u>
		at (941) 740 — Area Code Daytime	SECK DARY OF STATE ALL A MASSEE, FL Telephone Number	Í
Name o	I Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration		Street Address: Registration Sec	ction	
Division of C P.O. Box 632		Division of Cor The Centre of T		
r, O, BOX 032	- 1	The Centre of T	urrandoov.	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bashment Event (Center LLC	
The Articles of Organization for this Limited Liability Company Florida document numberL\9000134910	were filed on5/20/2019	and assigned
amendment is submitted to amend the following: f amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbriviation "LLC." er new principal offices address, if applicable: ncipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: address MAY BE A POST OFFICE BOX) f amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	; 23
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 17
	(7) (7)	
	نار. نیاز	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name	of the new registered
Name of New Registered Agent:	d-	
New Registered Office Address:	Enter Florida street 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 amending Authorized Porson(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>	Name	Address	Type of Action
AMBR	Michael Coleman	3347 Moravia Avenue	□∧dd
		North Port, FL 34286	Xemove
			□Change
			□Add
			□Remove
			□Change
		SECRETARY OF STATE	ZEIAdd FEB Z
		SSEE, FL	Change
			Ndd □Add
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ective date, if ot	her than the date of fili	ing:		(optional)	
effective date is list	ed, the date must be specific a crted in this block does not	ind cannot be prior to date	of filing or more than 90 catatory filing requires) days after filing.) Pursuant nents (this date will not b	to 605,020 se fisted a
	date on the Department of		and and a second		
cord specifies a de	elayed effective date, but n	not an effective time, at	12:01 a.m. on the ear	lier of: (b) The 90th day	y after the
s filed.					
· i		25.7		20 33	
ud <u>Febru</u>	oary 21	2023 .		2023 F SECP TAL	
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	Signature of	a member or authorized	representable of a mont	<u> </u>	