## 119000136201

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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July 1, 2019

MARYLAND PLUMEY-MARIN 777 DELTONA BLVD. SUITE 18 DELTONA, FL 32725

SUBJECT: AMORE EVENTS RENTALS LLC

Ref. Number: L19000136201

We have received your document for AMORE EVENTS RENTALS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II

2019 JUL 22 PM 2: 4

Letter Number: 719A00013326

## **COVER LETTER**

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TO:	• • •	stration So sion of Co				
SUBJI	ECT:	Ama	re Even	ks Per	ntals LLC.	
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			Delto	ma	FL 32725 City/State and Zip Code	
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For fur	rther inf	formation c	concerning this ma	tter, please ca	ıll:	
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Enclos	sed is a	check for t	he following amou	nt:		
<b>⊠</b> \$2	5.00 Fil	ling Fee	□ \$30.00 Filin Certificate		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314		STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	on orations

Tallahassee, FL 32301

**RECEIVED** 

JUN 1 3 2019

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Amore Events be (Name of the Limited Liability Compa (A Florida Limited 1	mals LLC.	
The Articles of Organization for this Limited Liability Company	and assigned	
Florida document number <u>L 19 000136201</u> .		
This amendment is submitted to amend the following:		2019
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :	JUL 22
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation,"L.L.G."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	··	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	777 Delfona Blvd. Delfona, FL 32725	<u>#</u> 18
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
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 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 = Ma $AMBR = Au$	inager ithorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Maryland P. Marin	227 Citation AVE.	
		Deltona, Fl. 327,38	Remove
			<b>12</b> Change
AMBR	Aylin Vargas-Carcia	164 Perimeter Dr. #2A	
		Deltona, FL 32725	□ Remove
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	Signature	e of a member or author	rized representative of	a member		

Page 3 of 3

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