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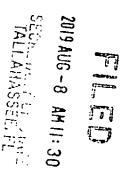
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### **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC		CHI EVENT PLANNING, LI	LC	
	- · <u> </u>	Name of Lin	nited Liability Company	
The enclo	sed Articles of a	Amendment and fec(s) are sub	omitted for filing.	
Please ret	all correspon	ndence concerning this matter	to the following:	
		WATLENE JEAN		
		MCREE T-CHI EVENT P	Name of Person PLANNING, LLC	
			Firm/Company	
		1334 W. R.	Ner Drive Address	
		Margare Fo	City/State and Zip Code  Chi Q Yahw Coto be used for future annual report notifications.	<u>um</u>
For further	information co	ncerning this matter, please ca		ncation)
Wat	COL Name of	DCG \rightarrow Person	at (954) 857. Area Code Daytime	Telephone Number
Enclosed is	a check for the	following amount:		
<b>½</b> \$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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCREE T-CHI EVENT PLANNING, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on 06/11/2019	and assigned
lorida document number 1.19000155066		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
he new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	·	A
		A: 6
Enter new mailing address, if applicable:		(A) 1 To 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		<i>(1)</i>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del></del>	, Flori	
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	WATLENE JEAN	1334 W RIVER DR MARGATE, FL 33063-3532	₽ Add
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			Change
			Add
			Remove
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Effective date, if other thai	the date of filing	:		(optional)	
If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the	e must be specific and one is block does not me	cannot be prior to date eet the applicable s	of filing or more than 90 atutory filing requires	days after filing.) Pursual ments, this date will not	nt to 605.020 t be listed a
ne record specifies a del The 90th day after the		ate, but not an	effective time, at	12:01 a.m. on the	e earlier o
Dated JULY 3RD		2019			
All	1				
/////			<del></del> -		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00