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COVER LETTER

Registration Section

Division of Corporations

TO:

	REI EVENT DESIGN LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	ADRIENNE BROWN		
		Name of Person	
	ANNAREI EVENT DES	IGN	
		Firm/Company	
	6753 HERITAGE GRAN	IDE #206	
		Address	
	BOYNTON BEACH		
		City/State and Zip Code	
	KAYE2077@GMAIL.CO		
		to be used for future annual report not	itication)
For further information	on concerning this matter, please o	all:	
ADRIENNE BROW	/N	561 306-3107 at ()	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fed	© \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Ado</u> Registratio	on Section	<u>Street Address:</u> Registration Se	
Division o P.O. Box 6	f Corporations	Division of Co	•
	e. FL 32314	The Centre of 2415 N. Monre	rananassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANNAREI EVENT DESIGN			
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on o ted Liability Company)	ur record <u>s.</u>)	
The Articles of Organization for this Limited Liability Compa	any were filed on 4/21/20		_ and assigned
lorida document numberL19000166775			
This amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited l	iability company here:		
ADRIENNE BROWN The new name must be distinguishable and contain the words "Limited I.	N MUA LI		
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designat	tion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			2820
Principal office address MUST BE A STREET ADDRESS	2	<u> </u>	
		AS AS	ည် TT
Inter new mailing address, if applicable:		S C S C S C S C S C S C S C S C S C S C	_
Mailing address MAY BE A POST OFFICE BOX)			
			57
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered officeent and/or the new registered officeent.	ce address on our record	S, enter the name of	H 2: 57
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	eet 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 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
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			Remove
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SECRETARY OF STATE AASSET, TATE SEC. TATE Optional)								_		
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effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 [e:] If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ument's effective date on the Department of State's records.		ted, the date must be erted in this block	e specific and k does not m	cannot be price	icable statut		than 90 days	after filing.)	Pursuant (ao 605.0
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