119000217088

| (Requestor's Name) |
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COVER LETTER

TO: Registration Section
Division of Corporations

| EventTi SUBJECT: | roops LLC | | |
|--|---|---|--|
| | Name of I | Limited Liability Company | |
| The enclosed Articles | Name of Limited Liability Company seed Articles of Amendment and fee(s) are submitted for filing. Tiffany Wright Name of Person EventTroops LLC Firm/Company 340 9TH Street N Suite 76 Address Naples, FL 34102 City/State and Zip Code admin@eventtroopsllc.com E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: (right 239 243-0649 Area Code Daytime Telephone Number | | |
| Please return all corre | espondence concerning this mat | ter to the following: | |
| | Tiffany Wright | | |
| | | Name of Person | |
| | EventTroops LLC | | |
| | | Firm/Company | |
| | 340 9TH Street N Suite | 76 | |
| | · · · · · · · · · · · · · · · · · · · | Address | |
| | Naples, FL 34102 | | |
| | | City/State and Zip Code | |
| Name of Person EventTroops LLC Firm/Company 340 9TH Street N Suite 76 Address Naples, FL 34102 City/State and Zip Code admin@eventtroopsllc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tiffany Wright 239 Area Code Daytime Telephone Number Enclosed is a check for the following amount: Escape S 250 Do Fitting Fee Certificate of Status Certificate Of Status Certificate Of Status | | | |
| | E-mail addres | ss: (to be used for future annual report not | fication) |
| For further information | on concerning this matter, pleas | se call: | |
| Tiffany Wright | | | |
| Name of Person | | Area Code Daytim | e Telephone Number |
| Enclosed is a check f | or the following amount: | | |
| S25 De Pilling Fe | | Certified Copy | Certificate of Status & Certified Copy |
| Registration of P.O. Box | on Section of Corporations 6327 | Registration Se Division of Con The Centre of T | rporations Fallahassee |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| EventTroops LLC | |
|--|--|
| (Name of the Limited Liability Company as it (A Florida Limited Liability | now appears on our records.) / Company) |
| The Articles of Organization for this Limited Liability Company were for lorida document number 119000217088 | filed on 08/26/2019 and assigned |
| his amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability co | ompany here: |
| he new name must be distinguishable and contain the words "Limited Liability Con | mpany," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS) | |
| | 2020 |
| | g g m |
| nter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| 3. If amending the registered agent and/or registered office addres | ss on our records, enter the name of the new regist |
| gent and/or the new registered office address here: | |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | F Classification of the second |
| , | Enter Florida street address |
| | Florida Zin Code |
| ϵ | in Lin Loae |

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> | <u>Address</u> | Type of Action |
|--------------|-------------|-----------------|----------------|
| MGR | Lisa Woods | 340 9TH ST N | |
| | | Suite 76 | = Remove |
| | | Napls, FL 34102 | Change |
| MGR | Bill Havre | 340 9TH ST N | = Add |
| | | Suite 76 | |
| | | Napls, FL 34102 | □ Change |
| | | | □ Add |
| | | | Remove |
| | | | ☐ Change |
| | | | □Add |
| | | | □Remove |
| | | | ☐ Change |
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| | | | □Add |
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| | | | □Change |

| Effective date, if other than the date of filing: (optional) fan 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be focument's effective date on the Department of State's records. Exercord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a d is filed. Dated January 16 Signature of a member or authorized representative of a member | f amending any other informati | | | | _ |
|--|--|---|--------------------------------|---------------------------------|-----------------------------|
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| Signature of a member or authorized representative of a member | (/ | <u> </u> | | | |
| | | Signature of a member or author | rized representative of a me | mber | |
| Bill Havre | Rill Havre | | | | |

Filing Fee: \$25.00