L19000 239975

(Requestor's Name)

_____

(Address)

_____

(Address)

_____

(City/State/Zip/Phone #)

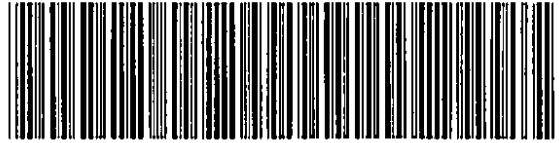☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____

(Business Entity Name)

_____

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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AUG 14 2020

S. YOUNG

2020 JUL -2 PM 6:35 FILED

COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: __Events Made Platinum, LLC__
        Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

__Enock Martimer__
Name of Person

__Events Made Platinum, LLC__
Firm/Company

__106 san blas Avenue__
Address

__Kissimmee FL 34743__
City/State and Zip Code

__emartimer95@gmail.com__
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

__Enock Martimer__ at (__321__) __290-0035__
Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $25.00 Filing Fee   ☑ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                         Certificate of Status   Certified Copy   Certificate of Status &
                                                  (additional copy is enclosed)   Certified Copy
                                                                          (additional copy is enclosed)

MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Events Made Platinum, LLC
_____
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/26/2020 and assigned

Florida document number L19000239975 .

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Formal Affair, LLC
_____
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 106 san blas Ave

(Principal office address MUST BE A STREET ADDRESS)

Kissimmee, FL 34743

Enter new mailing address, if applicable: 106 san blas Ave

(Mailing address MAY BE A POST OFFICE BOX)

Kissimmee, FL 34743

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Enock Martimer

New Registered Office Address: 106 san blas Ave
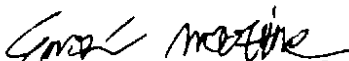   _____
                                      Enter Florida street address

Kissimmee _____, **Florida** 34743 _____
         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

Title	**Name**	**Address**	**Type of Action**
_____	_____	_____	☑ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☑ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☑ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

E. Effective date, if other than the date of filing: August 1st, 2020 **(optional)**

(If an 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b)   The 90th day after the record is filed.

June 26   2020
Dated _____ . _____ .

_____
Signature of a member or authorized representative of a member

Enock Martimer

_____
Typed or printed name of signee

Page 3 of 3

Filing Fee: $25.00