

L20 000 061359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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22 SEP 12 PM 3:31
DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eventolando, 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:

Tai Wah Rosanna Tran Chan

Name of Person

Eventolando, LLC.

Firm/Company

11136 Satellite Blvd.,

Address

Orlando, FL 32837

City/State and Zip Code

Eventolando@gmail.com

E-mail address: (to be used for future annual report notification)

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DIVISION OF STATE
CORPORATIONS
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For further information concerning this matter, please call:

Tai Wah Rosanna Tran Chan

407

963-8889

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Eventolando, 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 2/24/2020 and assigned
Florida document number 120000061359.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

5415 Lake Howell Road

#251

Winter Park FL 32792

5415 Lake Howell Road

#251

Winter Park FL 32792

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DIVISION OF CORPORATE
STATE OF FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: Martin Qamar

New Registered Office Address: 5415 Lake Howell Road #251
Enter Florida street address

Winter Park, Florida 32792
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>	<u>Address</u>	<u>Type of Action</u>
MGR	TRAN CHAN, TAI WAH R	11136 SATELLITE BLVD ORLANDO FL 32837	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MANTIN QAMAR	12472 Lake underhill Road #274 Orlando FL 32828	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

22 SEP 12 3PM 3:21
 DIVISION OF CONSUMER PROTECTION
 FLORIDA STATE

