

120000070478

(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:

10/22/21 Eft

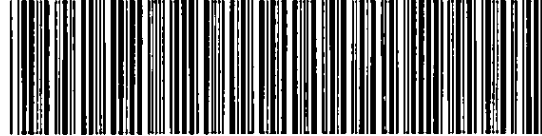
Called 11/12/21

Michelle Martin

Gave permission to put mtr/and

Amendment

Office Use Only



200375446222

10/29/21--01019--006 **25.00

11/12/21

T.A.S.

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TALLAHASSEE FLORIDA

2021 OCT 29 AM 10:06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIMAS EVENT Rentals
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:

Michelle Martin
Name of Person
MIMAS EVENT Rentals
Firm/Company
14700 SW 208 Ave.
Address
Miami FL 33196
City/State and Zip Code
MIMASEVENTRENTALS@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Martin at (785) 387-3700
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

MIMAS EVENT Rentals, 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 March 3rd, 2020 and assigned
Florida document number 20000020478

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)

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:

New Registered Office Address:

Rochelle Martin
14919 SW 88th Terrace
Enter Florida street address
Miami, Florida 33196
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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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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
OWNER	Michelle Martin	14700 SW 208 AVE.	<input checked="" type="checkbox"/> Add
		Miami FL 33196	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MANAGER	Rochelle Martin	14700 SW 208 AVE.	<input type="checkbox"/> Add
		Miami, FL 33196	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Begonia E Martin	14700 SW 208 AVE	<input type="checkbox"/> Add
		Miami FL 33196	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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SECURITY
FALL HARBOR, FLORIDA

711-5111

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

2021 OCT 29 AM 10:06
SECURITY DIVISION
TALLAHASSEE FLORIDA
(b)

Dated October 23, 2021

Michelle Martin
Typed or printed

Typed or printed name of signee

Filing Fee: \$25.00