

L200000141401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

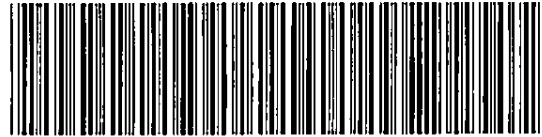
(Document Number)

Certified Copies _____ Certificates of Status _____

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Wmills

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900421246529

01/08/24--01032--008 **25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stephanie Arias Event Planning 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:

Stephanie Adamo
Name of Person

SAEP By Stephanie Arias
Firm/Company

12323 Dora Trail
Address

Parrish, FL 34219
City/State and Zip Code

stephanie@saepevents.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Adamo at (941) 894-4323
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**

Stephanie Arias Event Planning 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 5/26/2020 and assigned Florida document number L20000141401.

This amendment is submitted to amend the following:

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

SAEP By Stephanie Arias 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:

(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:

Stephanie A. Adamo

New Registered Office Address:

12323 Dora Trail

Enter Florida street address

Parrish

City

Florida

34219

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	Stephanie H. Arias	_____	<input type="checkbox"/> Add
		12323 Dora Trail, Parrish, FL 34219	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
MGR	Stephanie A. Adamo	12323 Dora Trail, Parrish, FL 34219	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

I got married 11/11/23 and just want to change my last name in your records. I also want to change the business name as printed in the previous page. I've attached a copy of my marriage certificate in case you need it.

Previous business name: Stephanie Arias Event Planning LLC

New business name: SAEP By Stephanie Arias LLC

Previous Name: Stephanie M. Arias

New Name: Stephanie A. Adamo

E. Effective date, if other than the date of filing: _____ (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.

Dated January 2nd, 2024

Signature of member or authorized representative of a member

Stephanie A. Adamo

Typed or printed name of signee

STATE OF FLORIDA MARRIAGE RECORD

TYPE IS UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County court appears thereon

(STATE FILE NUMBER)

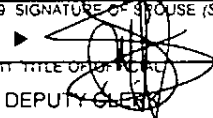
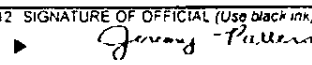
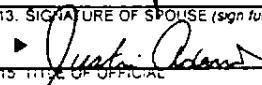
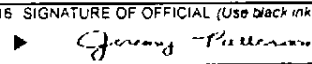
2023ML002092

(APPLICATION NUMBER)

APPLICATION TO MARRY

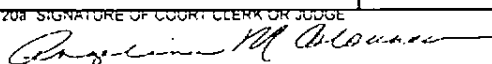
1. NAME OF SPOUSE (First, Middle, Last) STEPHANIE MARIE ARIAS		16 MAIDEN SURNAME (IF APPLICABLE) ARIAS		2. DATE OF BIRTH (Month, Day, Year) 01/01/1996	
3a. RESIDENCE - CITY, TOWN, OR LOCATION PARRISH		3b. COUNTY MANATEE		3c. STATE FLORIDA	
5a. NAME OF SPOUSE (First, Middle, Last) JUSTIN GABRIEL ADAMO		5b. MAIDEN SURNAME (IF APPLICABLE)		6. DATE OF BIRTH (Month, Day, Year) 08/30/1990	
7a. RESIDENCE - CITY, TOWN, OR LOCATION PARRISH		7b. COUNTY MANATEE		7c. STATE FLORIDA	
				8. BIRTHPLACE (State or Foreign Country) NEW YORK	

WE, THE APPLICANTS NAMED IN THIS CERTIFICATE EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY

9. SIGNATURE OF SPOUSE (Sign full name using black ink) 		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 10/27/2023	
11. TITLE OF OFFICIAL DEPUTY CLERK Jeremy Patterson		12. SIGNATURE OF OFFICIAL (Use black ink) 	
13. SIGNATURE OF SPOUSE (sign full name using black ink) 		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 10/27/2023	
15. TITLE OF OFFICIAL DEPUTY CLERK Jeremy Patterson		16. SIGNATURE OF OFFICIAL (Use black ink) 	

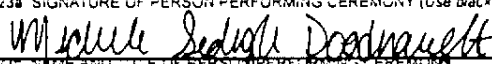
LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID

17. COUNTY ISSUING LICENSE MANATEE		18. DATE LICENSE ISSUED 10/27/2023		18a. DATE LICENSE EFFECTIVE 10/30/2023		19. EXPIRATION DATE 12/26/2023	
20a. SIGNATURE OF COURT CLERK OR JUDGE 				20b. TITLE CLERK OF CIRCUIT COURT		20c. BY D.C. Jeremy Patterson	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED PERSONS WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year) November 11, 2023		22. CITY, TOWN, OR LOCATION OF MARRIAGE Tampa, Florida	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) 		23c. ADDRESS (of person performing ceremony) 12051 Aster Ave Bradenton, FL 34212	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Michele Sedigh Doodnaught, Minister		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) ▶	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) ▶	

SEAL

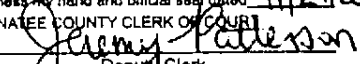
STATE OF FLORIDA, COUNTY OF MANATEE

This is to certify that the foregoing is a true and correct copy of the document on file in my office.

☒ No redactions ☐ Redacted pursuant to law
☒ Full Document ☐ Page ___ of ___
☒ Not LOA ☐ Letter of administration is in full force and effect.

Witness my hand and official seal dated 11/29/2023

MANATEE COUNTY CLERK OF COURT

BY: 
Deputy Clerk