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(Requestor's Name)
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P B E E 1020 OCT 30 PM 1: 04

12/10/20

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	merald Coast Name of Lin	Celchrants, 1	<u> </u>
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Gianna L. Phelps		
		Name of Person	
	EMERALD COAST CEL	EBRANTS, LLC	
		Firm/Company	
	401 Florida Ave		
		Address	· · · · · · · · · · · · · · · · · · ·
	Saint Cloud, FL 34769		
	gianna@southeastcelebrant		
	E-mail address: (to be used for future annual report not	ification)
	ncerning this matter, please c		
Gianna Phelps		850 597-6616	
Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fec	□ \$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		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

FILED

EMERALD COAST CELEBRANTS, LLC

2020 OCT 30 PM 1: 04

(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears of Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.20000146245	were filed on $\frac{5/29/3}{2}$	DOOD TALLAHASSIT, FL	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	<u>e</u> :	
SOUTHEAST CELEBRANTS, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desi-	ignation "LLC" or the abbreviation "L.L.C.	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, <u>enter the name of the new re</u>	gistere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	la street address	
		Florida	
	$Ci\dot{w}$	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of m provided for in Cha	ny duties, and I am familiar with a apter 605, F.S. Or, if this docume	nd

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>	Type of Action
			□Remove
			☐ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change
			□Add
			□ Велюче
			□ Change
			□Add
			□Remove
			□Change

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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D	lock does not meet the applica		
he record specifies a delaye The 90th day after the rec		: an effective time, at	: 12:01 a.m. on the earlier
	2020		
6 October			
6 October Dated	. 00	 '	
	Joine Phelos	- '	
	Journal Arelas Signature of a member of autho	rized representative of a mem	ber

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Filing Fee: \$25.00