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(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co					
Branched	Out Events LLC	· .	. •		
SUBJECT:	Name of Limi	ted Liability Company			
		to to en.			
	f Amendment and fee(s) are sub-				
Please return all corresp	ondence concerning this matter	to the following:			
	Samantha Samms				
	<del></del>	Name of Person			
	Branched o	Firm/Company			
	11016 Versailles Blvd.				<u>-:</u> -<.,
	<del></del>	Address		20 NOV 12	13.5 13.5 13.5 13.5 13.5 13.5 13.5 13.5
	Clermont FL. 34711			- AC	
	***	City/State and Zip Code			83
	branchedoutevents@gmail.c			⊒r Po	- 감유(
		o be used for future annual report notif	ication)	J: 1,5	STATE
For further information	concerning this matter, please or	dl:		Ju	25 C
Samantha Samms		352 999-3163			•
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 For Certificate of S Certified Copy (additional copy is	tatus &	
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	etion		
_	Corporations	Division of Cor			
P.O. Box 63		The Centre of T	allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Branched Out Events 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 07/21/2020 Florida document number \_\_\_\_\_L20000212644 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: Enter Florida street address \_. Florida \_\_\_

## 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.

City

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>	Address	Type of Action
AMBR	Samantha Samms	11016 Versailles Blvd.	
		Clermont FL. 34711	□Remove
			Change
			□Add
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		<del></del>	
		<del> </del>	□Add
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Filing Fee: \$25.00