## L20000221216

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bi	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	gistration Sec vision of Corp		ı		
SHDIECT.	Eventistry, I	LLC			
SUBJECT:	<del></del>	Name of Lim	ited Liability Company		<del></del>
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Zelena Thomas			
			Name of Person		
			Firm/Company		
		8601 NW 47 CT			
		Lauderhill, FL 33351	Address		<del></del>
			City/State and Zip Code		
		zelena.thomas22@gmail.co			
			to be used for future annual rep	ort notification)	
For further in	iformation co	neerning this matter, please ca	all:		
Zelena Thon	ıas		954 55319 at ()		
	Name of	Person	Area Code	Daytime Telephone	Number
Enclosed is a	check for the	e following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclose	cd) C	0.00 Filing Fee, certificate of Status & certified Copy additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eventistry, 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  $\frac{7/27/2020}{1}$ and assigned Florida document number L20000221216 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 "LLC." 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 sireet address \_\_\_\_, Florida \_\_\_ City

## 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 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

<b>Title</b>	Name	<u>Address</u>	Type of Action
MGR	Kim Thomas		□ Add
		8601 NW 47 CT Lauderhill, FL 33351	
			□Change
MGR	Jimmy Thomas		🗀 Add
		8601 NW 47 CT Lauderhill, FL 33351	<b>≡</b> Remove
			□Change
MGR ——–	Zelena Thomas	8601 NW 47 CT Lauderhill. F1. 33351	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
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			🗆 Add
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record specifies a delayed effectis filed.	ctive date, but not an	effective time, a	at 12:01 a.m. on the	earlier of: (b) Tho	: 90th day after the
June 13	2	024			
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Typed or printed name of signee