

L20000239583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

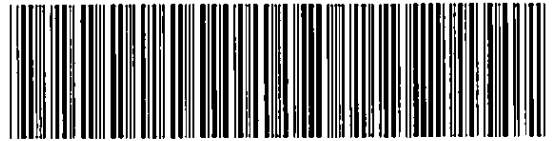
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/27/23--01015--030 **25.00

2023 JUN -5 AM 9:27
FILED
JUL 10 2023



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2023

NICOLE V FORD

10618 ECHO LAKE DRIVE
ODESSA, FL 33556 US

SUBJECT: MILESTONE EVENT DESIGNS, LLC
Ref. Number: L20000239583

2023 JUN 1 - 5 PM 5:27
JUL 1

We have received your document for MILESTONE EVENT DESIGNS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez
Regulatory Specialist II

Letter Number: 523A00011021

RECEIVED

JUN 05 2023

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MILESTONE EVENT DESIGNS, 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:

NICOLE V FORD

Name of Person

Firm/Company

10618 ECHO LAKE DRIVE

Address

ODESSA, FL 33556

City/State and Zip Code

THE4DFAM@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLE V FORD

727 776-9991
at ()

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

2023 JUN -5 PM 9:27

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MILESTONE EVENT DESIGNS, 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 08/10/20 and assigned
Florida document number L20000239583.

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

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.

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	BREANNA S. FORD	10618 ECHO LAKE DR, ODESSA, FL 33556	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KYLE J. FORD	10618 ECHO LAKE DR, ODESSA, FL 33556	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NICOLE V FORD	10618 ECHO LAKE DRIVE, ODESSA, FL 33556	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nicole V. Ford Revocable Trust Agreement dated October 7, 2015, as amended and restated	10618 ECHO LAKE DRIVE, ODESSA, FL 33556	<input checked="" type="checkbox"/> Add
	Settlor/Trustor/Trustmaker/Grantor: Nicole V. Ford		<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Filing Fee: \$25.00