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COVER LETTER

TO: Registration Division of C			
SUBJECT: E	Xquisite Tvent	S by Tina UC	
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The control Antology	of Amendment and fee(s) are sub	mitted for filing	
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Please return all corres	condence concerning this matter	to the following:	
	Christer	Y Virgille Name of Person	
	Exquisi	e Events by Ti	<u>na .</u>
	1345 NE	20 Terrace	
	Man	City/State and Zip Code	
	EXUISILE E-mail address: (1	eventshyling Co	Dantil com
For further information co	ncerning this matter, please ca	ail:	
Chi?\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	e Virgilo.	at (305) 7-35- Area Code Daytime	5125 e Telephone Number
	•		
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 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 ARTICLES OF ORGANIZATION

Expulsite Events by	Tim				
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on ou bility Company)	ir records.)		•	ļ
The Articles of Organization for this Limited Liability Company w Florida document number 1 200031/958. This amendment is submitted to amend the following:	vere filed on	2/20_	and a	ussigned	,
A. If smending name, enter the new name of the limited liabil	ity company here:				
to Bala timets by Tiv	20 110		· · · · · · · · · · · · · · · · · · ·		- -
The new name must be distinguishable and contain the words "Limited Liability"	y Company," the design	ation "LLC" or th	e abbreviatio	on "L.L.C."	
Enter new principal offices address, if applicable:					- .
(Principal office address MUST BE A STREET ADDRESS)	·		- 191	<u> </u>	_
				Z. 020	 전
	•	•	i	NOV	- f
Enter new mailing address, if applicable:				6 7	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	70 ()	<u> </u>
		• .	<u> </u>	<i>S</i> €	J.
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our reco	ords, <u>enter the</u>	name of	the new re	gistered
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	<u></u>		
New Registered Office Address:	Enter Florid	la street address	<u> </u>	•	
		Flo	rida		
	City	 _		Zip Code	
w 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

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