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(Re	equestor's Name)	
(Ad	ldress)	
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(Ad	ldress)	
(Cit	ty/State/Zip/Phone	·
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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22 *** ** 3: 55

T. MATTHEWS MAR 23 2022

COVER LETTER

TO:	Registration Sec Division of Corp			
		lebration LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		DONNA ROSS		
			Name of Person	
		MY WAY CELEBRATIO	N LLC	
			Firm/Company	
		1170 CELEBRATION BL	VD., #200	
			Address	
		CELEBRATION, FL 3474	17	
			City/State and Zip Code	
		donnaross@kw.com		
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information co	ncerning this matter, please co	alt:	
Donna	Ross		407 566-1800	
	Name of	Person	at ()Area Code Daytime	: Telephone Number
Enclose	d is a check for the	e following amount:		
■ \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailina 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

22/11/14/14/19:55

MY WAY CELEBRATION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>	Type of Action
AMBR	JAMES SHAW	2320 Messenger Cir.,	
		Safety Harbor, FL 34695	≣Remove
			□Change
AMBR	DAVE CHUBB	1448 Olympic Club Drive	■Add
		ChampionsGate, FL 33896	□Remov e
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Note: If the date inse	er than the date of filing: I, the date must be specific and cannot ted in this block does not meet thate on the Department of State's	ie applicable statutory	(opti gor more than 90 days after filing requirements, thi	onal) filing.) Pursuant to 605.0207 (2 s date will not be listed as th
ne record specifies a de ord is filed.	ayed effective date, but not an eff	ective time, at 12:01	a.m. on the earlier of: (t	The 90th day after the
Dated February 25	202	.2		
	() de	ry Crow		
	Signature of A member	f or authorized represen	tative of a member	
		,		

Filing Fee: \$25.00