

Note: Please print this page and use it as a cover sheet. Tope the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000050269 3)))



H240000502693ABC

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number: I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

\*\*Enter the email address for this business entity to be used for futúje annual report mailings. Enter only one email address please.\*\*

mail Address:	emer234@incine.
nail Address:	emerz 34 @ meme

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WILD BILL'S EVENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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Help

Mailing Address:

P.O. Box 6327

Registration Section
Division of Corporations

Tallahassee, FL 32314

## **COVER LETTER**

	of Corporations	(((H24000050269 3)))
SUBJECT: to	WILD BILL'S EVENTS LLC	
30336C1. 33_	Name of Limited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.	
Please return all co	orrespondence concerning this matter to the following:	
	LOVETTE DOBSON	
	Name of Person	
	Firm/Company	<del></del>
	17350 STATE HWY 249 STE 220	
	Address	
	HOUSTON, TX 77064	
	City/State and Zip Code effle1234@ineffle.com	
The first or inform	Esmail address: (to be used for future annual report politication)	<del></del>
rot turner inform	ation concerning this matter, please call:	
LOVETTE DOBS	at ()	
•	Name of Person Area Code Daytime Telepho	ne Number
Enclosed is a chec	k for the following amount:	
■ \$25.00 Filing	Fee	\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Street Address: Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H240000502693)))

WILD BILL'S EVENTS LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our ro Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000010430</u>	were filed on 12/31/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
FL ADVISORY SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liab	lity 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)		
		20 SE
		24F
B. If amending the registered agent and/or registered office	address on our records, <u>er</u>	ter the name of the flee registered
agent and/or the new registered office address here:		± 20 € = 1
		9 <b>₹</b> 🗓
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress 111
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie, provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is
If Cha	aging Registered Agent, Signati	are of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			C)Change
			□Add
			□Remove
			DChange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			DChange
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			☐Change (((H24000050269 3)))

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ective date, if other than the effective date is listed, the date mue:  1 If the date inserted in this buttoners's effective date on the L	lock does not meet the app	olicable statutory filing t	(optional) than 90 days after filing.) I requirements, this date w	fursuant to 605.026
cord specifies a delayed effecti ; filed.	ve date, but not an effectiv	re time, at 12:01 a.m. on	the earlier of: (b) The	90th day after th
ed	2024			
	_	UN CKS	a member	

Filing Fee: \$25.00