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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	Registration Sec Division of Corp				
CTITO III C	X/8*	LORETTA	'S EVENTS LLC	, ,	
SUBJEC	.1: <u> </u>	Name of Lim	ited Liability Company		
The ench	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please ret	turn all correspor	dence concerning this matter	to the following:		
		AU	JSTIN MINACAPELLI		
			Name of Person		
	LORETTA'S EVENTS LLC				
Firm/Company					
16011 DAWNVIEW DRIVE					
Address					
TAMPA 33624					
			City/State and Zip Code		
			NACAPELLI15@GMAIL.COM		
			to be used for future annual report notific	ation)	
For furthe	er information co	ncerning this matter, please c	all:		
	CRISTI	AN MINACAPELLI	813 5229546 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for the	e following amount:			
■ \$25.0	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 S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Section Division of Corporate Centre of Tallahassee, FL 3	orations Ilahassee	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LORETTA'S EVENTS 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 $\frac{01/12/2021}{}$ and assigned Florida document number $\frac{1.21000029153}{}$.
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 regist agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address CD
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 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 the 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

<u>Title</u>	Name	Address	Type of Action
AMBR	AUSTIN MINACAPELLI	16011 DAWNVIEW DR TAMPA, FL 33624	= Add
			□Remove
			□Change
MGR	VALERIA PAULA ARMANDO	16011 DAWNVIEW DR TAMPA, FL 33624	= Add
			Remove
			□Change
			🗆 Add
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