## L21000040945

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## **COVER LETTER**

TO: Registration So Division of Cor			
Events by	Krystle		<i>;</i>
SUBJECT:			
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Krystle Andrew		
		Name of Person	
	Kaptie And	Irew Events	
	5499 SW Landing Creek I	1 ,	
		Address	
	Palm City, FL 34990		
	Krystleandrewevents@gma	City/State and Zip Code ill.com	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Krystle Andrew		772 828-7008	
Noms	C Dames	at ()	ne Telephone Number
Name o	f Person	Area Code Daytin	ie Telephone Number
Enclosed is a check for th	ne 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)
<u>Mailing Addres</u>		Street Address:	
Registration S	Section	Registration Se	ection
Division of C		Division of Cor	•
P.O. Box 632		The Centre of T	
Tallahassee, I	FL 32314	2415 N. Monro	e Street. Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Events by Krystle		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000040945}{L21000040945}$ .	were filed on March 22nd 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Krystle Andrew Events		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5499 SW Landing Creek Dr Palm City	r, FL 34990
Principal office address MUST BE A STREET ADDRESS)		1
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	5499 SW Landing Creek Dr. Palm Cit	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the na	me of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	_
	, Florida	·
<del></del>	City	Zip Code
ew 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 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>	Address	Type of Action
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			□Remove
			🗆 Change
			□Add
		□Remove	
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<b>Effective date, if other than the</b> an effective date is listed, the date mu ote: If the date inserted in this bicument's effective date on the D	st be specific and cannot be p lock does not meet the app	oncaole stanitory ti	(option r more than 90 days after fi ling requirements, this o	
record specifies a delayed effective is filed.	e date, but not an effectiv	e time, at 12:01 a.n	n. on the earlier of: (b)	The 90th day after the
March 22nd ited	2021	·		
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