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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of Co	rporations		
Events by I	Morgan, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Morgan Rinchack		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Events by Morgan, LLC		
	-	Firm/Company	
	6426 48th Ave		
	100 100 100 100 100 100 100 100 100 100	Address	
	Vero Beach, Florida 3296	7	
	-	City/State and Zip Code	
	marigoldeventco@gmail.co	m to be used for future annual report not	1 <u>12</u>
p earle w			incation)
For further information of	oncerning this matter, please c	au:	
Morgan Rinchack		772 6438402 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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 Division of C	Section Corporations	Street Address: Registration Sc Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

 \mathbf{OF}

7021 APR 18 PM 8:43

SECRETARY OF STATE

(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 February 1, 2021 and assigned Florida document number L21000057189 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Marigold Event Company, LLC The new name must be distinguishable and contain the words "Limited Liability 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida __

New Registered Agent's Signature, if changing Registered Agent:

Events by Morgan, LLC

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
			□Add
			Remove
			□Change
			□Add
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ective date, if other than the d n effective date is listed, the date must be te: If the date inserted in this bloc cument's effective date on the Dep	be specific and cannot be k does not meet the ap	plicable statutory	or more than 90 days	optional) after filing.) Pursuant t i, this date will not b	to 605,020 c listed as
ecord specifies a delayed effective s filed.	date, but not an effecti	ve time, at 12:01 a	.m. on the earlier c	of: (b) The 90th day	after the
ed April 14	. 2022	·			
Ma	200 D	inahaa) <u> </u>		
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	grature of a member or	authorized represent	ative of a member		

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