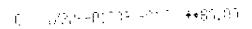
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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	· ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Q. SILAS	
	MAR 2 2 2022	2

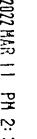
Office Use Only



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2022 MAR 11 PM 2: 34 SECRETARY OF STATE



COVER LETTER

Registration Section Division of Corporations

TO:

Urban Reci			
Source:	Name of Lim	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:	
	Kelli Maragh		
		Name of Person	
		Firm/Company	
	4289 Abaco Drive	Address	
	Tavares Fl 32778	Audicos	
	kellimychelle@gmail.com	City/State and Zip Code	
		to be used for future annual report notified	ation)
Kelli Maragh	concerning this matter, please c	407 4887838	
Name o	of Person	at () Area Code Daytime T	elephone 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 P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Secti Division of Corporate Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	orations lahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Urban Recreations

The Articles of Organization for this Limited Liability Company were filed on $\frac{3/30/2021}{1}$

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

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

SECRETARY OF STATE TALL AHASSEE, FI.

___ and assigned

Florida document number L21000147910		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Truly Majestic Events & Rentals		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design	ation "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 a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our recor	ds, enter the name of the new registered
	ddress on our recor	ds, enter the name of the new registered
agent and/or the new registered office address here:	ddress on our recor	
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida s	treet address
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida s	
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida s	treet address

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
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			□Change

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ective date, if other than the date effective date is listed, the date must be see. If the date inserted in this block dement's effective date on the Depart	pecific and cannot be price oes not meet the appli	or to date of filing icable statutory	or more than 90 day		
ecord specifies a delayed eff le 90th day after the record		ot an effectiv	ve time, at 12	:01 a.m. on the	earlier o
d <u>March</u> 7	2022	<u> </u>			
	Wie				
Sight	iture of a member or an	horized represent	ative of a member		

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