L21000252329

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	-
	J. HORNE SEP 15 2022
	SEP 15 2022

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(C	CORPORATE NAME AND DOCUM	MENT #)	
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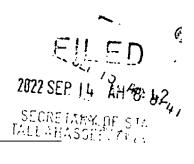
COVER LETTER

TO:	Registration Se Division of Cor			
SHRIE	SHAWARI	MATI ORLANDO, LLC		
JUDJE	C1	Name of Lim	ited Liability Company	_
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		JOEL FRIEND		
			Name of Person	
		JOEL FRIEND AND ASS	OCIATES, INC.	of Person NC. Company E. 105 dress and Zip Code future annual report notification) 54 704-1040 rea Code Daytime Telephone Number Diffiling Fee & S60.00 Filing Fee, Certificate of Status & Ce
		 -,	Firm/Company	
		2863 EXECUTIVE PARK	DRIVE, STE. 105	
			Address	·
		WESTON, FLORIDA 333	31	
			City/State and Zip Code	For filing. Sollowing: Dame of Person ES, INC. Sirm/Company E, STE. 105 Address State and Zip Code d for future annual report notification) Area Code Daytime Telephone Number S5.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy additional copy is enclosed) Certified Copy
		JOEL@JOELFRIEND.COM		
Can Canh	· · · · ' - F - · · · · · · · ·		•	ation)
ror turu	ier information c	oncerning this matter, please ca	BII:	
JOEL FI	RIEND		954 704-1040 at ()	
	Name o	f Person		Felephone Number
Enclosed	l is a check for th	ne following amount:		
≘ \$2 5.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	Mailing Addres Registration S		<u>Street Address:</u> Registration Secti	ion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



SHAWARMATI ORLANDO, 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 Li	· · · · —	06/01/2021	and assigned
Florida document number L21000252329	······································		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :	
LEGAACI EVENTS LLC			
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
B. If amending the registered agent and/or reagent and/or reagent and/or the new registered office address		cords, enter the na	ne of the new regis
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	Enter Florid	da street address	
		. Florida	
	City	, Florida _	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:		
I hereby accept the appointment as registered	d agent and agree to act in this co	anacity I further a	oree to comply wit

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 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 semoved from our records:

MGR =	Manager	
AMBR =	Authorized	Member

Title	Name	Address	Type of Action
			🗆 Add
			Петоve
			Change
-			□Add
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<u> </u>	c date, if other than the date of filing: (optional) live date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.6 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
ecord : is liled	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after it.
	
ted	
ted	Signature of a memble of authorized to member

Filing Fee: \$25.00