L21000263966

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(Business Entry Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: ASHLE	y MONSESHAN E	VENTS LLC ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Asim	LEY MOVSESYAN Name of Person	
		Firm/Company	
	10380 SW	VILLAGE CENTER DR.	SUITE 131
	PORT SAINT	LUCIE H 34987 City/State and Zip Code ATE HAVS COM	
_	astiey@ag	ateHavs com	
For further information conc	E-mail address: (to erning this matter, please cal	o be used for future annual report notificall:	cation)
Asthey MINS	ESUAN TSON	at (501) 351. 6 Area Code Daytime)40Q, Telephone Number
Enclosed is a check for the for	ollowing 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 Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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 **OF**

FILED

ASHLEY MOUSES YAN FUEN	15 LIC	2023 JUL 12 PH 1:44
(Name of the Limited Liability Compan (A Florida Limited L.	y as it now appear ability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 21000 263966</u> .	vere filed on	6.7.2021 ALLAHASSEE FLORIE
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile AGATE HAUS PRIVATE EVENTS L The new name must be distinguishable and contain the words "Limited Liability".	LC	
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 acagent and/or the new registered office address here:	ldress on our re	ecords, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	da street address
	<i>C</i> 2:	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City [,]	гір Соле
new Registered Agent's Signature, it 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

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 effective date is listed, the	than the date of	filing:	be prior to da	te of filing or i	more than 90 day	(optional) s after filing) P	ursuant to 6	as 020
te: If the date inserted ument's effective date	in this block does	not meet the	e applicable					
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cord specifies a delaye	ed effective date, bu	ut not an effe	ective time,	at 12:01 a.m.	on the earlier	of: (b) The 9	0th day at	fter the
s filed.								
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	Signature	A Tromber	or authorized	l rennesentativ	e of a member			