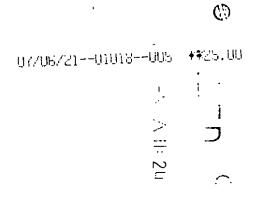
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f	stor's Name)	
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(City/St	ate/Zip/Phone #)	
	_	
PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Registration Se Division of Cor				
	TION WEDDINGS AND EVE	NTS LLC		
SUBJECT:	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:		
		Yolanda Lewis)	
	DESTINATION WEDDIN			
		Firm/Company		
	769 SW 2 AVENUE			
		Address	·-	
	DEERFIELD BEACH, FL	.33441		
	joinedas4@gmail.com	City/State and Zip Code	,	
	E-mail address: (to be used for future annual report	notification)	C D
For further information c	concerning this matter, please c	all:		•
YOLANDA LEWIS		954 822-8808 at ()	•	
	of Person		time Telephone Number	10
Enclosed is a check for the	_			<u> </u>
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
Mailing Addres Registration 9		<u>Street Address</u> Registration		
Division of C P.O. Box 632	Corporations	Division of C		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on o	our records.)	
The Articles of Organization for this Limited Liability Completion of the Legisland Complete Legisland Compl			and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	ation "LI.C" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
<u>Principal office address MUST BE A STREET ADDRES.</u>	<u> </u>		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			Q2
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our record	ds, <u>enter the name</u>	of the new regis
gent and/of the new registered office address here.			≤ 5
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	Enter Florida st	reet address	
	THE TENTERS		
	City	, Florida	Zin Code

New 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
MGR	YOLANDA LEWIS	769 SW 2 AVENUE	= Add
		DEERFIELD BEACH, FL 33441	□Remove
AR	YOLANDA LEWIS	769 SW 2 AVENUE	
		DEERFIELD BEACH, FL 33441	=Remove
			□Change
			□Add
			Removery
			Change
			. · □ Add
			□ □ Remove
			□Change
			□Add
			Remove
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Change

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