

121000 291042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

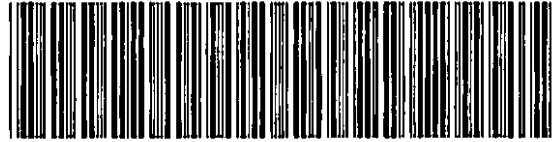
(Document Number)

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07/26/21



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2021 JUL 26

## COVER LETTER

TO: Registration Section  
Division of Corporations

DESTINATION WEDDINGS AND EVENTS LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yolanda Lewis

\_\_\_\_\_  
Name of Person

DESTINATION WEDDINGS AND EVENTS LLC

\_\_\_\_\_  
Firm/Company

769 SW 2 AVENUE

\_\_\_\_\_  
Address

DEERFIELD BEACH, FL 33441

\_\_\_\_\_  
City/State and Zip Code

joinedas4@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YOLANDA LEWIS

954 822-8809  
at ( ) \_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**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

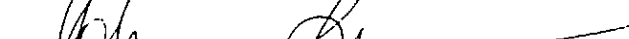
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	YOLANDA LEWIS	769 SW 2 AVENUE	<input checked="" type="checkbox"/> Add
		DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	YOLANDA LEWIS	769 SW 2 AVENUE	<input type="checkbox"/> Add
		DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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ALL: 24

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

Dated JULY 1 2021

  
Signature of a member or authorized representative of a member

YOLANDA LEWIS  
Typed or printed name of signer