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| porations | | |
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| NCE LLC | | |
| Name of Lin | rited Liability Company | |
| Amendment and fee(s) are sub | omitted for filing. | |
| ndence concerning this matter | to the following: | |
| STEPHANIE RAMIREZ | | |
| | Name of Person | |
| CHIC BOUNCE LLC | | |
| | Firm Company | 4,24 |
| 2400 SE VETERANS ME | EMORIAL PKWY SUITE 202 | |
| | Address | SEI SEI |
| PORT ST LUCIE, FL 349 | 952 | 2024 SEP 10 PH 3: 09 SECRETARY III SECRETARY |
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| | 561 779-9660 | , |
| l Person | | ne Telephone Number |
| ie following amount: | | |
| ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certificate Of Status & Certified Copy (additional copy is enclosed) |
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| | | Fallahassee oc Street, Suite 810 |
| | PORT ST LUCIE, FL 349 CALIROSEEVENTS: 6-mail address: 1 CALIROSEEVENTS: 6-mail address: 1 Creating this matter. please of Certificate of Status | NOTE LLC Name of Larrited Lability Company Amendment and fee(s) are submitted for filing, Indence concerning this matter to the following: STEPHANIE RAMIREZ Name of Person CEIC BOUNCE LLC Firm Company 2400 SE VETERANS MEMORIAL PKWY SUITE 202 Address PORT ST LUCIE, FL 34952 City State and Zip Code CALIROSEEVENTS air GMAIL COM E-mail address: (to be used for future annual report not oncerning this matter, please call: 1 Person Area Code Daytin 1 Person Area Code Certificate of Status Certified Copy (additional copy is enclosed) Street Address: Section Origonations 7 Registration Se Division of Co The Centre of T |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CHIC BOUNCE LLC | | |
|---|---|--|
| (<u>Name of the Limited Lighi</u> (A Flord | lity Company as it now appears on our records. la Limited Liability Company) |) |
| The Articles of Organization for this Limited Liability Oricles document number $\frac{1.21000340522}{1.000340522}$ | Company were filed on 07 27 2021 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| CALIROSE & CO. EVENTS, LLC | | |
| The new name must be distinguishable and contain the words "Lir | nited Lability Company," the designation "LLC" | a, the abbreviation "Life" |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD. | RESS) | 2021 |
| Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX) | | 10000000000000000000000000000000000000 |
| Maning duaress Shar Dr. ATOST (ATTAL BOX) | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | | he name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Flor | rida |
| | City | 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 purther 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. Thereby 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 | KARYANNED RAMIREZ | 2400 SE VETERANS MEMORIAL PKWY 202 | _ Add |
| | | PORT ST LUCIE, FL 34953 | |
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| 09/03/2024 | |
| fective date, if other than the date of filing: | (optional) date of filing or more than 90 days after filing, (Pursuant to 608.6) |
| ote: If the date inserted in this block does not meet the applicab cument's effective date on the Department of State's records | le statutory filing requirements, this date will not be listed |
| ctanent 8 etrective date on the Department of State 8 records | |
| award consisting a data and officiality late, but may not officially also | and 12001 and an electrical factor. The material factor |
| ecord specifies a delayed effective date, but not an effective time is filed. | r, at 12.01 a.m. on the earner of, for the sour day after t |
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| SEPTEMBER 3 2024 ted . | |
| 1 - · N /// | , |
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| Signature of a member or authorize | ed representative of a member |
| STEPHANIE N RAMIREZ | |
| Typed or printed: | |

Filing Fee: \$25.00