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COVER LETTER

FO: Registration Se Division of Co			7
THE ENCI	HANTED WEDDING, 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:	
	WELLI		
		Name of Person	
	JOLIE FETE, LLC		
		Firm/Company	2022 FAL
	520 E CHURCH ST, APT	• •	2022 JUL -1 AH 10: 47 SECRETARY OF STATE FALLAHASSEEFLORID
		Address	SSE - L
	ORLANDO, FL 32801		A DE C
	LIWEIGREAT2009@GMA	City/State and Zip Code AL.COM	STATE LORIDA
	E-mail address: (to be used for future annual report notification)	
for further information of	concerning this matter, please c	all:	
WELLI		314 5402637	
	.en	at () Area Code Daytime Telephone	<u></u>
Name (of Person	Area Code Daytime Telephone	Number
Enclosed is a check for t	he following amount:		
X \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cadditional copy is enclosed) C	50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addre Registration		<u>Street Address:</u> Registration Section	
Division of C		Division of Corporations	
P.O. Box 632		The Centre of Tallahasse	
Tallahaceaa	FI 30314	2415 N. Monroe Street S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE ENCHANTED WEDDING, LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	***************************************
The Articles of Organization for this Limited Liability Company L21000351935 Lorida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
OLIE FETE, LEC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20122 TAL
		F (2)
		HASS
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		AH D: 48
		- 2
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	uddress on our records, <u>enter the</u>	name of the new registered
New Registered Office Address:		
	Enter Florida street address	
	Florid	a
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is

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

,,,,,,	minee.	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			🗆 Remove
			Change
			Change CREECE Add
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			Remove :
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Tective date, if other offective date is listed	ier than the date of filing d, the date must be specific and	g:f cannot be prior to date of fi	ling or more than 90 days a	otional) fter filing.) Pursuant to	605.020
ote: If the date inser	rted in this block does not n date on the Department of S	neet the applicable statute	ory filing requirements,	this date will not be	listed a
remient s enective c	and on the techniques of t	auc s records.			
record specifies	s a delayed effective c	date, but not an effe	ctive time, at 12:0	1 a.m. on the ea	rlier o
	ter the record is filed.		,		
ated					
	1.0/	1, (-)			
	Signature of a	member or authorized repre	sentative of a member		
	<i>y</i> 0				