## L21000393055

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(City/State/Zip/Phone #)
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2025 APR 14 AM 7: 19

c/ 12/4/2025

## **COVER LETTER**

Registration Section Division of Corporations

Name of Lin	nited Liability Company	
Amendment and fee(s) are sub	omitted for filing.	
ondence concerning this matter	to the following:	
Alaina Ostertag		
	Name of Person	<del></del>
SWFL Wedding & Events	Rental's LLC	
	Firm/Company	
2226 Charleston Park Driv	re	
	Address	
North Port, Florida 34287		
	City'State and Zip Code	
E-mail address: (	to be used for future annual report notif	fication)
oncerning this matter, please ea	all:	
	417 536-6152	
f Person	Area Code Daytins	e Telephone Number
ac following amount:		
■ \$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)
	Amendment and fee(s) are substandence concerning this matter  Alaina Ostertag  SWFL Wedding & Events  2226 Charleston Park Driv  North Port, Florida 34287  OstertagEnterprisesLLC(a g  E-mail uddress; (oncerning this matter, please estimates)  of Person  the following amount:	Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  Alaina Ostertag  Name of Person  SWFL Wedding & Events Rental's LLC  Firm/Company  2226 Charleston Park Drive  Address  North Port. Florida 34287  City State and Zip Code  OstertagEnterprisesLLC(a gmail.com  E-mail uddress: (to be used for future annual report notion concerning this matter, please call:  417 536-6152  at (

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

2025 APR 14 AM 7: 19

SECRETALY OF STATE TALLAHASSEE. FL

SWFL Wedding & Events Rental's		nonne won il es vne	rs on our records.)	
( value of the part)	ted Liability Comps (A Florida Limited	Liability Company)	,	
The Articles of Organization for this Limited L Florida document number L21000393055	iability Company	were filed on <u>14</u>	<del>26/202+</del> 09/02/202	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company h	ere:	
SWFL Wedding & Event Rentals LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the c	lesignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab	cable:	2226 Charleston Park Drive		
(Principal office address MUST BE A STREET ADDRESS)		North Port, FL 34287		
Enter new mailing address, if applicable:  (Mailing address M.4Y BE A POST OFFICE BOX)		2226 Charleston Park Drive		
		North Port, FL 34287		
B. If amending the registered agent and/or agent and/or the new registered office address.	• •		ecords, <u>enter the nar</u>	ne of the new regist
Name of New Registered Agent:				<del></del>
New Registered Office Address:	2226 Charleston Park Drive			
		Enter Flo	rida street address	
	North Port		Florida <sup>3.</sup>	1287

## 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 Changing Registered Agent. Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Melissa Flores	7863 Drew Circle #1	
		Fort Myers, FL 33967	≣Remove
			☐ Change
MGR	Alaina Ostertag	2226 Charleston Park Drive	<b>≣</b> ∧dd
		North Port. FL 34287	□Remove
			[]Change
MGR	Shannon Ostertag	2226 Charleston Park Drive	≅Add
		North Port, FL 34287	□Remove
			☐ Change
~			CIAdd
			□Remove
			□Change
<del></del>	-		□ Add
		<del></del>	□ Петкоче
		4	☐ Change
<del></del>			□Add
		<del></del>	🗀 Remove
	٠.		□Change

•	
E. Effec	tive date, if other than the date of filing: (optional)
(ii an ei Note:	five date, if other than the date of filing:
If the record is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the lied.
Dated	
	(Thirty)

Filing Fee: \$25.00