L21000437896

(R	equestor's Name)	
(A	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	·)
(D	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



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Of SIZIZUZZ

COVER LETTER

	ation Section n of Corporations		
	Lit Events		
SUBJECT:	Name o	f Limited Liability Company	
The enclosed Ar	ticles of Amendment and fee(s) are	e submitted for filing.	
Please return all	correspondence concerning this m	atter to the following:	
	Eduard Guy Cantu, II		
		Name of Person	
	It's Lit Events		
		Firm/Company	
	1422 Russell Ave.		
	-	Address	
	Orlando, FL 32806		
	 	City/State and Zip Code	
	eduardcantu@gmail.co	om cess: (to be used for future annual report notifica	tion)
For further infor	mation concerning this matter, plea	·	,
Eduard Guy Can	ntu, II	407 4848159	
	Name of Person	at ()	elephone Number
Enclosed is a che	eck for the following amount:		
⊆ \$25.00 Filin	g Fee S30.00 Filing Fee & Certificate of Stati		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed
	<u>: Address:</u> ration Section	<u>Street Address:</u> Registration Secti	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

. .

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



2023 MAR -6 AM 9: 48

It's Lit Events IT'S LIT EVEN	NTS LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company) Jevi	.ATE
he Articles of Organization for this Limited Liability Company lorida document number L21000437896	were filed on October 6, 2021	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:	1422 Russell Ave.	
Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32806	
ster new mailing address, if applicable:	1422 Russell Ave.	
duiling address MAY BE A POST OFFICE BOX)	Orlando, FL 32806	
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regis
Name of New Registered Agent:		
	- 	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
		a Zip Code

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

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>	Name	Address	Type of Action
			□Add
		□Remove	
		□Change	
			□Add
			□Remove
		□Change	
		□Add	
		***	□Remove
		Change	
		□Add	
		□Remove	
		□Change	
		🗀 Add	
		□Remove	
		□Change	
			□Add
			□Remove

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Effective	e date, if other than the date of filing:
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
documen	t's effective date on the Department of State's records.
1	
rd is filed	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 l.
, Fe	bruary 15 2923
Dated _	
Dated <u> </u>	
Dated <u> </u>	Innefer las.
Dated <u> </u>	Signature of a member of authorized representative of a member

Filing Fee: \$25.00