L21000459570

	(Requestor's Name)
	(Address)
<u></u>	(Address)
	(City/State/Zip/Phone #)
PICK-	UP WAIT MAIL
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COVER LETTER

	Cegistration Se Division of Cor			;
	MIAMI _E EV	ENTS GROUP LLC	1 ⁴	•
SUBJEC'	Г:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	irn all co rrespo	ndence concerning this matter	to the following:	
		VIANA ALTIDORT		
			Name of Person	
		TYMAN & HIRSCH CPA	N'S	
			Firm/Company	
		12486 WEST ATLANTIC	BLVD	
			Address	
		CORAL SPRINGS FL 33	071	
			City/State and Zip Code	
		viana@taxsaver.cc E-mail address: (to be used for future annual report noti	fication)
For furthe:	r information co	oncerning this matter, please c	all:	
VIANA A	ALTIDORT		954 3541660 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed i	s a check for th	e following amount:		
≡ \$25.00	0 Filing Fee	□ \$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)
	1ailing Address		Street Address:	ation
	Registration S Divisi o n of C		Registration Sec Division of Cor	
	O. Box 632		The Centre of T	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI EVENTS GROUP LLC		
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our records. Liability Company)	,
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000459570</u> .	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:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	-	
Control of the Contro		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ne name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	•
	, Flor	ida Zip Code
	Cuy	Zip 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 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
	ISRAELI SAGIV	6391 NW 2ND AVE MIAMI FL 33150	□Add
			■Remove
D	OVIDIO DIAZ	3750 NW 28TH STREET #417	■Add
		MIAMI FL 33142	□Remove
			Change
<u>_</u>			
			⊡Remove
			☐Change ·
			□ Add
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			□Remove
			□ Change

ffective date, if other than the date of filing: (optional)						
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Filing Fee: \$25.00