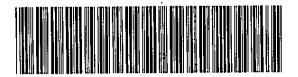
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2022 FEB 14 PM 2: 19
SECRETARY OF STATE

A. BUTLER FEB 2 2 2022

COVER LETTER

TO: Registration Division of C		
M3 MEE SUBJECT:	ETINGS AND EVENTS LLC	
SOBJECT:	Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corres	spondence concerning this matter to the following:	
	Michael Merritt Mueller	
	Name of Person	
	M3 MEETINGS AND EVENTS LLC	
	Firm/Company	
	742 Duff Drive	
	Address	
	Winter Garden FL 34787	
	City/State and Zip Code	
	michael.mueller@m3meetingsandevents.com	
	E-mail address: (to be used for future annual report notification)	
For further information	n concerning this matter, please call:	
Michael M. Mueller	689 229-0158 at ()	
Nam	ne of Person Area Code Daytime Telephone Number	
Enclosed is a check fo	or the following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 FEB 14 PM 2: 19

M3	MEET	INGS	AND	EVENTS	SILC
1417	11111111	1:100	TITLE		

(Name of the Limited Liability Company as it now appears on our records). RETARY OF STATE

(A Florida Limited Liability Company)

TALLAHASSEF, FI

,		MCLAHASSEE, FL
The Articles of Organization for this Limited Liability Florida document number $\frac{1.21000485028}{1.000485028}$		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or register gent and/or the new registered office address here		iter the name of the new registe
	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
	City	Florida Zip Code
	Cuh.	гір Соае

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 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>	<u>Address</u>	Type of Action
MGR	Michael M. Mueller	742 Duff Drive	□ Add
		Winter Garden FL	□Remove
		34787	
		_	□ Add
			□ Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		 	□Change
		_	□Add
			□Remove
			□Abd
			□Remove

MGR (Manager).			
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the D	t be specific and cannot be prior toock does not meet the applical epartment of State's records.	ble statutory filing requireme	nts, this date will not be listed as t
record specifies a delayed effective is filed.	e date, but not an effective tir	ne, at 12:01 a.m. on the earlie	r of: (b) The 90th day after the
February 8th lated	2022		
		_ •	