K21000506779

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	: #)
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A. BUTLER APR 0 1 2022

COVER LETTER

TO;		stration Sec ion of Corp					
CIID ICA			ENTOS AA USA LLC				
SUBJEC	. I		Name of Lim	ited Liability Company			
The encl	losed i	Articles of /	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn a	ıll correspor	ndence concerning this matter	to the following:			
			ADRIANA DIAZ				
			_	Name of Person			
			STAR TAXES INC				
				Firm/Company	•		
			12912 SW 133 CT Suite B	l			
				Address			
			MIAMI, FL 33186				
		City/State and Zip Code					
			ADRIANA@STARTAXESINC.COM				
			E-mail address; (t	to be used for future annual report noti-	fication)		
For furth	ier inf	ormation co	ncerning this matter, please co	ull:			
ADRIA	NA D	IAZ		786 306-8728			
		Name of	Person	at () Area Code Daytime	e Telephone Number		
Enclosed	l is a ç	heck for the	following amount:				
□ \$ 25.	00 Fil	ing 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)		

MAILING ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTAL EVENTOS AA USA LLC

2022 MAR 18 PM 2: 15

(Name of the Limited Liability Company as it now appears onounce records.) Y OF STATE TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on $\frac{11/30/2021}{1}$ and assigned Florida document number 1.21000506779 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TOTAL EVENTS AA USA LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ___, Florida ___

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>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			Remove
			Change
			□ Remove
			Change
			□ Add
			Remove
			Change
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			Remove
			Change

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L'eras	ive date, if other than the date of filing:
raneci If an ef	ive 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
docun	ent's effective date on the Department of State's records.
ne re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The	90th day after the record is filed.
Dated	March 10 2022
	c (elipsies) / S (R
	Compared to the contract of th

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00