

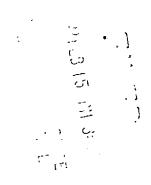
(Requestor's Name)							
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PICK-UP WAIT MAIL							
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COVER LETTER

TO:	Registration Se Division of Cor						
eun II		s Celebrations, LLC					
SUBJE	Name of Limited Liability Company						
	•	Amendment and fee(s) are sub- ndence concerning this matter					
		Frank A. Bergren, Jr					
			Name of Person				
		FB Holdings Celebration, I	LLC				
		·	Firm/Company				
		11825 Vinci Dr					
			Address				
Windermere, FL 34786							
			City/State and Zip Code				
		fabergren@gmail.com					
			to be used for future annual report no	ottfication)			
For furt	her information co	oncerning this matter, please co	all:				
Frank A	V. Bergren, Jr.		630 800-9092 at ()				
	Name o	f Person	Area Code Dayti	me Telephone Number			
Enclose	d is a check for th	ne following amount:					
□ \$25	i.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Addres	<u>s:</u>	Street Address:				

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

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



7, 2015 11 3: / FB Holdings Celebration, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{1/21/2022}{1}$ Florida document number L22000041085 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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

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.

City

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
AMBR	Robert Woods III	5880 Sotter Ln	■ Add
		Windermere,FL34786	□Remove
			☐ Change
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			□Remove
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Effective date, if other than the d (If an effective date is listed, the date must) Note: If the date inserted in this blood document's effective date on the Dep	be specific and cannot ck does not meet the	applicable statut	ling or more than 90 cory filing requirement	_ (optional) lays after filing.) Pursuar ents, this date will not	nt to 605.0207 (2 be listed as th
he record specifies a delayed effective ord is filed.	date, but not an effe	ective time, at 12:	H a.m. on the earli	er of: (b) The 90th d	ay after the
Dated February 11th	. 2022	<u>. </u>			
	DAR				
S	ignature of a member	or authorized repre	sentative of a membe	r	
Frank A. Bergren, Jr.		or printed name of			

Filing Fee: \$25.00