L22000043606

(Requestor's Name)			
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A. PARISHANI DEC 1 6 2023

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		/ENTS LLC	•	•
SUBJE	ECT:	Name of Lim	ited Liability Company	
				7023
The en-	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
lease	return all correspor	ndence concerning this matter	to the following:	HAS OF THE
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		·	Name of Person	
		COCTODIC ACCOUNTING	C CEDVICES I I C	- Page
		FOSTER'S ACCOUNTING		
			Firm/Company	
		3270 SUNTREE BLVD S	STE 101D	
			Address	
SUBJECT: Name of Limited Liability Company 1000 DEC 1 100				
			City/State and Zip Code	
		KARINA@FOSTERSACC	OUNTING.COM	
		E-mail address: (to be used for future annual report notifi	cation)
for fur	ther information co	oncerning this matter, please co	all:	
KARINA POCASANGRE			321 323-3400	
	Name of	Person		Telephone Number
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				(additional copy is enclosed)
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	Tallahassee, F	L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF** VILLON EVENTS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) he Articles of Organization for this Limited Liability Company were filed on 1/24/2022 and assigned lorida document number L22000043606 his amendment is submitted to amend the following: .. If amending name, enter the new name of the limited liability company here: 'ILLON DOWNTOWN LLC he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) nter new mailing address, if applicable: Mailing address MAY BE A P<u>OST OFFICE BOX)</u> . If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent:

Enter Florida street address

______, Florida ______

lew Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

f amend <u>r remov</u>	ing Authorized Person(s) authorized t ed from our records:	o manage, <u>enter the title, name,</u>	and address of each person being added
1GR = .MBR =	Manager Authorized Member		
<u>`itle</u>	<u>Name</u>	Address	Type of Action
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effective date, if other than the date of filing: If the date inserted in this block does not meet the applicabment's effective date on the Department of State's records.	date of filing or more than 90 days after filing.) Pursuant to le statutory filing requirements, this date will not be	605,020 listed a
ord specifies a delayed effective date, but not an effective tim filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
NOVEMBER 27TH 2023	··	
(1 H Van OS J20	zed representative of a member	_

Filing Fee: \$25.00