## LZZ000111566

(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
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S. CHATHAM OCT -7 2022

## **COVER LETTER**

	gistration Se- vision of Cor				
SHD IVET.		IARKETING EVENTS LLC			
SUBJECT:		Name of Lin	nited Liability Company		
The enclose	d Articles of .	Amendment and fee(s) are sub	omitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		KATIA MAFFACIOLLI	NERICH		
			Name of Person		
		<del>.</del>	Firm/Company		
		2321 LAGUNA CIR, UNIT 814 EAST TOWER			
		NORTH MIAMI, FL 33181			
		-	City/State and Zip Code NTINGSOLUTIONSFIRM.COM		
		<del>-</del>	(to be used for future annual report not	ification)	
For further i	information co	oncerning this matter, please o	call:		
KATIA MA	AFFACIOLLI	NERICH	305 3408195 at ()		
	Name of	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is	a check for th	ne following amount:			
<b>\$25.00</b>	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)	

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

UNIQUE MARKETING EVENTS			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited I Florida document number L22000111566		v were filed on <u>03/03/2022</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name (	of the limited lial	oility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	<u> (BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addressed Name of New Registered Agent:	.,	address on our records.	enter the name of the new register
New Registered Office Address:		Enter Florida stree	t address
			, Florida
		City	, 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 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	ALEXANDRE CARDINALLI	701 S OCEAN WAY #402	■Add
		DEERFIELD BEACH, FL 33441 US	□Remove
			□Add
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	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	ad an effect of defection data have not as a Continuous at 12:01 and an effect of the The Oods day of the
recoi Lis fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
You sal	07/12 / 2022
med	
	Signar of a member or authorized representative of a member

Typed or printed name of signee