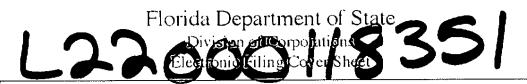
5/18/22 2 09 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((1-1220001779293)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178 Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Can il	Address:			
CHETT	MUULUBBI			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CASMA EVENTS & MARKETING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Help

To: 16506176383 From: 12147128131 Date: 05/18/22 Time: 9:11 PM Page: 02/04

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H220001779293)))

CASMA EVENTS & MARKETIN		
(Name of the Limi	ed Liability Company as it now appears on our recor (A Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited L	iability Company were filed on 03/08/2022	and assigned
Florida document number L22000118351		
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	2022
(Principal office address MUST BE A STREE	T ADDRESS)	A A
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	0
B. If amending the registered agent and/or i		er the name of the new register
Name of New Registered Agent:	MARIA J. CASTILLO	
New Registered Office Address:		
	Enter Florida street addr	82.5
		lorida
	City	Zip Code

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

Meric Cistelle

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

(((H220001779293)))

<u>Title</u>	Name	Address	Type of Action
MGR	MARIA J CASTILLO	210 E MONUMENT AVE SUITE B	□ Add
		KISSIMMEE, FL 34741	□Remove
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			Remove
			☐ Change
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umen	t's effective	date on the	Department	of State's to	ecoras.					
cord s s filed		layed effec	tive date, but	not an effe	ctive time, :	nt 12:01 a.m.	on the earli	er of: (b)	The 90th day	after t
	Dr	11/1	4	2	022					

Typed or printed name of signee

Filing Fee: \$25.00

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