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2022 APR -7 AM 7: 16

SECRETARY OF STATE
TAIL AHASSEE, FL

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COVER LETTER

	vegistration Se Division of Cor						
SUBJEC	MAHevent						
SUBJEK.	· ·	Name of Lim	ited Liability Company	-			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
			-				
		Michael Dempsey					
			Name of Person				
		ZenBusiness Inc.					
		Name of Person					
		5511 Parkerest Drive Suite	103	ing Fee & S60.00 Filing Fee. Copy Certificate of Status & Certified Copy (additional copy is enclosed)			
			Address				
		Austin, Texas, 78731					
	Address Austin, Texas, 78731 City/State and Zip Code folfillment@zenbusiness.com						
				notification)			
For furthe	r information c	oncerning this matter, please c	ali:				
Michael I	Dempsey c/o Zo	enBusiness Inc.					
	Name o	f Person	Area Code Day	time Telephone Number			
Enclosed	is a check for t	he following amount:					
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy			
Ī	Mailing Addres Registration 5	Section		Section			
Į.	Division of C		Division of C	Corporations			

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION APR -7 AM 7: 16

MAHevents LLC

SECRETARY OF STATE TALLAHASSEE, FL

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number 1.22(xxx) 130245	were filed on 2022-03-15 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	amending name, enter the new name of the limited liability company here: In name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." In the principal offices address, if applicable: 10136 Arrowhead dr		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company "the designation "LLC" or the abbreviation "LLC"		
	•		
(Principal office address MOST BE A STREET ADDRESS)	- `		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	Jacksonville , FL 32257		
	address on our records, enter the name of the new registe		
agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registe		
agent and/or the new registered office address here:	address on our records, enter the name of the new registe		
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address		
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address , Florida City Zip Code		
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address , Florida City Zip Code		

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Monique Hill	10136 Arrowhead dr	□Add
		Apt 4	□Remove
		Jacksonville . FL 32257	≡ Change
			
			□Remove
			□Change
			□Add
			□Remove
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ective date, if other than n effective date is listed, the date te: If the date inserted in the cument's effective date on the	must be specific and cannot is block does not meet the	applicable statutory	g or more than 90 days after to filing requirements, this	iling.) Pursuant to 605.020
ecord specifies a delayed effe s filed.	ective date, but not an effe	ective time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the
ed April 1	202:	<u>. </u>		
/s/ Monique Hil				
	 			

Filing Fee: \$25.00