L22000136919

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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: G	F EVENT De Name of Limi	COT LLC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Allen/MARIE	J. FREDINAND Name of Person	
		Firm/Company	
	962 Chanl	er Dr Address	
	Hoines Cit	FL 33844 City/State and Zip Code	
	99 event-d JE-mail address: (1	o Cor @ 9mail Com o be used for future annual report notif	ication)
For further information cor	ncerning this matter, please ca	d1:	
Name of I	Ferdinand Person	at (863) 7 \ 0 - 3 Area Code Daytime	Sto 7 to Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S30.00 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)
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Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

FILED

GG Event De	2022 JUN -7 PM 12: 02
(Name of the Limited Liability Comp (A Florida Limited	Liability Company) A STALL AHASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22000 36919</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	962 Chanler Dr
(Principal office address MUST BE A STREET ADDRESS)	Haines City FL 33844
Enter new mailing address, if applicable:	SAME as above
(Mailing address MAY BE A POST OFFICE BOX)	
	 ,
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	ARIE J Ferdinand
New Registered Office Address: 962	Charles Dr Hoines City FL 33844
Haine	S City . Florida 33844 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

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
MCR	Allen Ferdinand	962 Charler Dr Haine Cit	7FL⊡Add
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effective date is listed, the date must be specific and cannot be prior to date of filir	ng or more than 90 days	after filing.) Pu	rsuant to 6	05.020
te: If the date inserted in this block does not meet the applicable statutor cument's effective date on the Department of State's records.	y ming requirements.	, tills date with	not ee n	sicu a
ecord specifies a delayed effective date, but not an effective time, at 12:01	a.m. on the earlier o	f: (b) The 90	th day af	ter the
s filed.				
$100 \frac{6/3}{3}$, 2022 .				
100 6/3 , 202 .				
Signature of a member or authorized represe				