L1200016215 3

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:		
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status	(Requestor's Name)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status	(Address)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status	(Address)	i
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status	(City/State/7in/Phone #)	
(Business Entity Name) (Document Number) ertified Copies Certificates of Status	(Only/State/Zip/Fillone #)	
(Document Number) ertified Copies Certificates of Status	PICK-UP WAIT MAIL	
(Document Number) ertified Copies Certificates of Status	(Business Entity Name)	
ertified Copies Certificates of Status		
	(Document Number)	
Special Instructions to Filing Officer:	Certified Copies Certificates of Status	
	Special Instructions to Filing Officer:	

•





300426177843

03/25/24--01022--007 **25.00

03/25/24

COVER LETTER ·

TO:

TO: Registration Se Division of Cor			
subject: <u>Desi</u>	gns by Colety	e'S Event LLC ited Liability Company	
		\ .	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Colette H	Name of Person	
		Firm/Company	
	4126 Spount	Address	18.3
	Orlando 1	Florida 32822 City/State and Zip Code	
	Colettehens	wah Atmila Com	in. ₹
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	Fil F
Colette He	Mry	at (487) 864-	4529 Telephone Number
tvaine o	i reison)	Area Code Daytime	e Telephone (Number
Enclosed is a check for the	ne following amount:		
S25.00 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 Addres Registration S		Street Address: Registration Sec	etion
Division of C	Corporations	Division of Corp	porations
P.O. Box 632 Tallahassee, 1		The Centre of T	allahassee e Street, Suite 810
·	· · ·	= 115 11. WOIIIO	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 4/05/2022 and assigned Florida document number 22 00162159 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: COLETC CRUMPE EVENTS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Description of the new registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered Office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Florida Zip Code New Registered Agent's Signature, if changing Registered Agent:	Designs By Colettes Name of the Vimited Liability Compa (A Florida Limited L	event LLC ny as it now appears on	our records	<u>i.</u>)
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: COLETE CREATIVE EVENTS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailling address, if applicable: (Mailling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Zip Code	(A Florida Littliced L	Jiaomity Company)		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: COLETTE CRUITLE EVENTS LLC. The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code	The Articles of Organization for this Limited Liability Company	were filed on	05/20	22 and assigned
A. If amending name, enter the new name of the limited liability company here: COLHE CREATE EVENTS L.C. The new name must be distinguishable and comain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address City Zip Code	Florida document number 12200162159			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code	This amendment is submitted to amend the following:			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida	A. If amending name, enter the new name of the limited liab	ility company here:		
Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida - Zip Code	· Colette Creative Events LL	~C.		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Zip Code	The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	nation "LLC"	or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code	Enter new principal offices address, if applicable:			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	(Principal office address MUST BE A STREET ADDRESS)			-
Mailing address MAY BE A POST OFFICE BOX) Orlands 328222 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code				i.i. u
Mailing address MAY BE A POST OFFICE BOX) Orlands 328222 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code				
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code	Enter new mailing address, if applicable:	4126 300	Midna	Ave 5
Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code	(Mailing address MAY BE A POST OFFICE BOX)	Orlando	71	32822
Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code			_	
Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code	B. If amending the registered agent and/or registered office a	address on our reco	rds, enter t	the name of the new registere
New Registered Office Address: Enter Florida street address		iddress on our recor	<u> </u>	the name of the new registere
New Registered Office Address: Enter Florida street address				
Enter Florida street address , Florida City Zip Code	Name of New Registered Agent:			
Enter Florida street address , Florida City Zip Code	New Registered Office Address:			
City Zip Code	. 14.1. Ataganara O Maa I Add and	Enter Florida s	street address	,
City Zip Code			. Flo	orida
New Registered Agent's Signature, if changing Registered Agent:		City	, - 10	
_	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
AMBR	Tyrachanelle A Browne	4126 Spoombill Are orlando 71 32822	IDAdd
			□Remove
			□Change
		-	□Remove
			□ Change
			Add
			: CED amous
		<u> </u>	Change
			□Add
			□ Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

						·		
						<u>-</u>		
					-		• • • •	
		_				3		
			 -					
						· · · · · · · · · · · · · · · · · · ·		
						. t ₁ (T ₁	<u>ම</u> ග	
		<u>-</u>					င္ယံ	
Tective date, if an effective date is ote: If the date in ocument's effective	isted, the date munserted in this b	st be specific and lock does not n	l cannot be prior neet the applic	to date of filing of able statutory f	r more than 90 day			
record specifies a is filed.	delayed effectiv	ve date, but not	an effective ti	me, at 12:01 a.	m. on the earlier	of: (b) The	e 90th day afte	r the
_	3/20/20	124	ı	 ·				

EIII E - -----