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COVER LETTER

TO: Registration So Division of Cor				
Desir Luxu	ry Events			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Rodiine Pierre			
		Name of Person		
		Firm/Company		
	1803 w 26th			
		Address		7023 SEV
	Riviera Beach Fl. 33404	(°, #) 17 6 h		2023 KAR 16 SECONDARY
	desirluxuryevents@gmail.e	City/State and Zip Code		5
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report noti	fication)	AMID: 09
Rodline Pierre		239 850-3486 at ()		77 G9
Name (f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
Mailing Address Registration		Street Address: Registration Se	ction	
Division of C	Corporations	Division of Cor	porations	
P.O. Box 632		The Centre of T		0
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 81	O.

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Desir Luxury Events					
(Name of the Limit	ed Liability Com (A Florida Limite	pany as it now appears on our d Liability Company)	records.)	_	
The Articles of Organization for this Limited Li Florida document number <u>L22000495781</u>	ability Compa	ny were filed on November	21,2022	and assi	gned
his amendment is submitted to amend the follo	owing:				
If amending name, enter the new name of	f the limited li	ability company here:			
Onsite Decor & Events					
he new name must be distinguishable and contain the w	ords "Limited Lia	ibility Company," the designation	on "LLC" or the abb	reviation "L.L	C."
nter new principal offices address, if applic	able:	NA	· ·		
Principal office address MUST BE A STREE	T ADDRESS)				
				(A) (B)	
nter new mailing address, if applicable:		NA	TALL	Z3 KAR	
<u> Mailing address MAY BE A POST OFFICE</u>	BOX)		<u></u>	> 6	<u> </u>
			<u> </u>	<u> </u>	(:
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3. If amending the registered agent and/or r gent and/or the new registered office addres		e address on our records.	<u>enter the name</u>	ri)	registe
Name of New Registered Agent:	NA	<u>-</u>			
New Registered Office Address:					
		Enter Florida stree	rt address		
			, Florida		
		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

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
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			□Remove
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date	of filing or more than 90 days after filing.) Pursuant to 605.0
e: If the date inserted in this block does not meet the applicable sta	atutory filing requirements, this date will not be listed
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Filing Fee: \$25.00