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,

(((H24000195256 3)))



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

To:

Division of Corporations

Fax Number

: (850)617-6383

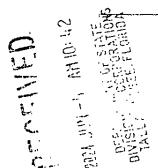
From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624

Fax Number : (512)597-0678

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

Email Address:



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIKES MY MEDIA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	S25.00

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Corporate Filing Menu

Help

K. SALY

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JUN - 5 2024

## **COVER LETTER**

TO:	Registration S Division of Co			H24000195256 3
£'21D 4T	Likes My	Media LLC		
Supar	r.C1:	Name of Lin	ited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		Diego Cruz		
		-	Name of Person	
		ZenBusiness INC		
			Fiem/Company	
		336 E. College Ave Suite	301	
			Address	
		Tallahassee, FL 32301		
			City/State and Zip Code	
		fulfillmen@zenbusiness.ec		<del></del>
For fur	ther information	n-mail address; i concerning this matter, please c	to be used for future annual report notifi all:	ication)
	enBusiness INC		844 493-6249	
		of Person		Telephone Number
	·		A Section Control of the Control of	Telegraphic Manager
Enclose	ed is a check for	the following amount:		
<b>≡</b> \$2	5.00 Fifing Fee	☐ \$30.00 Filing Fee & Certificate of Status	[] \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	MailingAddre Registration Division of O P.O. Box 63 Tallahassee.	Section Corporations 27	StreetAddress: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassec, Ft.	oorations allahassee : Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000195256 3

Likes My Media LLC 安贞 是 一丁
(Same of the Limited Clability Company as It now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 2023-02-28 undassigned Florida document number 123000105840
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Fiore Events LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "E.C." or the abbreviation "E.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
, Florida
. City Zip Corle
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

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I		-		

MGR = Manager

Page: 4 of 5

2024-06-04 11:58:32 UTC+14

18506176383

From: ZenBusiness User
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = .	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Tvingof Action
			Fi □ Add
			Type of Action  Add  Remove
			□ Add
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To:

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		2024 JUN - 4 SLUME ASSITE	E TEL
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····		FL CONTRACTOR	PH 1: 18
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<del>- d. seepalmananipelinai</del>			,
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(If no effective date is listed, the date	block does not meet the applicable stati	(optional) (illing or more than 90 days after filing.) Pursuant to 60; utory filing requirements, this date will not be list	9.0207 (3)(b) ecd as the
If the record specifies a delayed offe record is filed	ctive date, but not an effective time, at 1.	2:01 a.m. on the earlier of; (b) The 90th day afte	r the
Dated 6/3	2024		l