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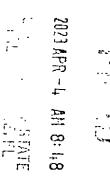
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Corp				
	STING EVENTS NR. LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ndence concerning this matter			
	RAMON VAZQUEZ			
		Name of Person		
	ALBOR LASTING EVEN	TS NR. LLC		
		Firm/Company		
	2400 TIMOTHY LN			
		Address		2023
	KISSIMMEE FL, 34743			2023 APR -1,
		City/State and Zip Code		. =
	vazques123@gmail.com	to be used for future annual report notifi	cation)	.= <u>F</u>
For further information c	oncerning this matter, please c		,	#H 8: 48
RAMON VAZQUEZ		407 376-8724 at ()		m œ
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	etion	
Division of C	Corporations	Division of Cor	porations	
P.O. Box 632	27	The Centre of T		10

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALBOR LASTING EVENTS NR, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny a <u>s it now appears on our records.</u> Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on 03/07/2023	and assigned
Florida document number 1.23000119491		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Linbi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. 3 —
Principal office address MUST BE A STREET ADDRESS)		923 APF
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		· <u>!</u> · · · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		iu co
		- 63 W -
B. If amending the registered agent and/or registered office and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	rida
	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
AMBR	RAMON VAZQUEZ	2400 TIMOTHY LANE, KISSIMMEE FL,34743	= Add
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			□Change
			🗆 Add
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		2 (02/2022				
ective date, if other than the d n effective date is listed, the date must b te: If the date inserted in this bloc cument's effective date on the Dep	ate of filing: _ be specific and can k does not meet	the applicable stat	filing or more than 9 utory filing require	(optional)) days after filing.) ments, this date w	Pursuant to 60 vill not be lis	5.0207 ted as
ecord specifies a delayed effective is filed.	date, but not an e	effective time, at 1.	2:01 a.m. on the ca	tier of: (b) The	90th day afte	er the
MARCH 16.	2	023		:	2023 APR -4 AH 8:	
ted		· ·		•.	APR	4
	Reduction					•
S	ignature of a mem	ber or authorized rep	resentative of a mem	ber .	Į.	٠.

Filing Fee: \$25.00