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.

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

To:

Division of Corporations

Page: 1 of 5

Fax Number : (850)617-6383

From:

Account Name : COMPANY COMBO, LLC

Account Number : 120160900033 : (86€)428-2030 Phone Fax Number : (407)308-0481

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

Rmail Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EVENTESSE, LLC

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Corporate Filing Menu

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M. SOLOM APR 17 2023

### **COVER LETTER**

TO: Registration : Division of C			
	SSE, LLC		
SUBJECT:	Name of Lin		
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.	
	oondence concerning this matter		
	LUIS LUGO		
		Name of Person	<del></del>
	GLOBALFY BUSINESS	SERVICES, LLC	
		Firm:Company	
	7345 W SAND LAKE RE	ED STE 210	2023 (A)
		Address	AP
	ORLANDO, FL 32819		2023 APR 13 A
	DOCS@GLOBALFY.CO	City/State and Zip Code M	OF SIAIE
	E-mail address:	(to be used for future annual report notification	
For further information	concerning this matter, please of	call:	$\mathbb{Q}^m$ . $\omega$
LUIS LUGO		866 4282030 at ()	
Name	of Person	Area Code Daytine Telep	hone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy sadditional copy is enclosed)
MailingAddr Registration	Section	StreetAddress: Registration Section	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

To: FL - STATE AMENUMENTS

#### From: Diego Sampaio

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EVENTESSE, LLC					
(Name of the Limited Liability Comp. (A Florida Limited)	ny as it now appears on o Liability Company)	ur records.)			
The Articles of Organization for this Limited Liability Company were filed on 03/10/2023  Florida document number L23000125817		23	andassigned		
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 Liabi	lity Company," the designat	ion "LLC" or the abbr	eviation "E.L.C."	<del></del>	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			: <u>×··</u>	202	
				20123 APR 13	
Enter new mailing address, if applicable:			<u>552</u>	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				2	
			그는	<u> </u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our record	s. <u>enter the name</u>	of the new re	ယ <u>gistered</u>	
New Registered Office Address:	Emer Florida stra	ret address			
		Florida			
	Cuy		Zip Code		
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my di provided for in Chapte	uties, and Lam far er 605, F.S. Or. if	niliar with ar This documer	1d	

If Changing Registered Agent, Signature of New Registered Agent

To: FL - STATE AMENDMENTS

Page: 4 of 5 2023-04-13

2023-04-13 19 00:08 GMT

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From: Diego Sampaio

Change

# If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	MILENA YAMATO SAKAMOTC	RUA JACERU 384 CJ 905 VILA GERTRUDES	🗆 Add
		SÃO PAULO, SP CEP 04705-000	[Remove
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Filing Fee: \$25.00

Typed or printed name of signee