Division of Corporations

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Division of Corporations

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Help

COVER LETTER

LegalZoom.com, Inc.

	egistration Sec ivision of Corp			
		DES EVENTS L.L.C.		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	cd Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspor	dence concerning this matter	to the following:	
		Erik Treutlein		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		9900 Spectrum Dr		
		•	Address	<u></u>
		Austin, TX 78717		
			City/State and Zip Code	
		lmercedesmiller@gmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For further	information co	ncerning this matter, please c	all:	
Erik Treut	lein		800 773-0888 at ()	
	Name of	Person		Telephone Number
Enclosed is	s a check for the	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

* Page: 4 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA MERCEDES EVENTS L.L.C.	
(<u>Name of the Limited Liabili</u> (A Floride	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number L23000145452	Company were filed on 03/22/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited 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 ADDR	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2025 MAR -4 SLC 1144 ALL ARASSE
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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 dutics, 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

To:	•	Page: 5 of

2025-03-04 07:40:53 PST

LegalZoom.com, Inc.

From: Gurpreet Singh Sandhu

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>	<u>Address</u>	Type of Action
AMBR	MILLER, LUZ M	_	
			☐ Remove
		4829 ALLEN RD ZEPHYRHILLS, FL 33541	_ ■ Change
			Remove
			☐ Change
			☐ Rcinove
			□ Change
		 	
			☐ Change
		-	□ Add
			☐ Remove
			□ Change
			Add
			☐ Remove
			☐ Change

n	Page: 6 of 6	2025-03-04 07:40:53 PST	LegalZoom.com, Inc. (Attach additional sheets, if necessary.)	From: Gurpreet Singh Se
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E.	Effective date, if other tha	n the date of filing:	(optional)	(45.6303 (2))
(Note: If the date inserted in t		date of filing or more than 90 days after filing.) Pur le statutory filing requirements, this date will	
	he record specifies a del The 90th day after the		an effective time, at 12:01 a.m. on t	he earlier of:
	Dated March 4	2025		
	/S/ LUZMN	IILLER		
	-	Signature of a member or authori	zed representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00