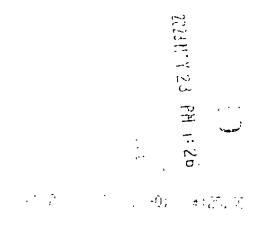
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(Requestor's Name)
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## **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT:	Diestiae Es	Jent Rentall 111			
SUBJECT:	Name of Lim	VEAT REATON IIC ited Liability Company			
775 1 1 . <del></del> . 1	A	win 16 ver			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Ar	Name of Person			
	frestige	EVENT RENTALS 11(			
	14834 Ree	f Drive West			
	Jaursonvi	HP, FloVIdQ 3222 City/State and Zip Code	<u>6</u>		
	OLD (	City/State and Zip Code	1. a. A		
	E-mail address: (	ag Wills @g Mail - it	Offication)		
For further information c	oncerning this matter, please ca				
Ana Gabri	ela Willis	at ( <u>904</u> ) <u>50</u> Area Code Dayt	4-5453		
Name o	f Person	Area Code Dayt	ime Telephone Number		
Enclosed is a check for t	ne following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addres</u> Registration (		Street Address: Registration S	Section		
Division of C		Division of C			
P.O. Box 632		The Centre of			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	tige Event Rentall 116 Liability Company as it now appears on Florida Limited Liability Company)	2223 Mily 23 PH 1: 26
The Articles of Organization for this Limited Liab	oility Company were filed onA	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	ole:	ation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s.	treet address
	City	, Florida
	Cay	Δη Couc

## 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 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>	Name	Address	Type of Action
MGR	Bradford J. Willis	19839 Reef Drive West Jax, Fl 32226	OVAdd
			□Remove
			□Change
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			□Remove
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<u>ite:</u> If the date ii	other than the date isted, the date must be s aserted in this block d we date on the Departi	loes not meet the	e applicable statu	filing or more than story filing require	<b>(optional</b> 30 days after filing ements, this date	) g.) Pursuant to 605.6 e will not be liste	0201 d as
cord specifies a s filed.	delayed effective date	e, but not an effe	ective time, at 12	:01 a.m. on the ea	urlier of: (b) T	he 90th day after	the
led <u>May</u>	22	<u> </u>	023		_		
		1740 3	Y) barily	Wield	)		
	Sign	nture of a member	or authorized repr	resentative of a men	nber		