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BECRETARY OF STATE
TALLASIA SSEC. FL

2023 JUL 11 PM 7: 1

COVER LETTER

	gistration Sec vision of Corp				
een meet		ENTS , LLC			
SUBJECT		Name of Limi	ted Liability Company		
The enclose	ed Articles of A	amendment and fee(s) are subt	nitted for filing.		
Please retur	n all correspon	dence concerning this matter t	to the following:		
		Natalie Houston			
			Name of Person		
		Certus			
			Firm/Company		
		225 E Robinson St			<u>.</u>
			Address		
		Orlando, FL 32801			
			City/State and Zip Code		·· ···
		natalie.houston@certus.com	o be used for future annual r	annet notification)	
				eport nonneactory	
For further	information co	ncerning this matter, please ca	ill:		
Natalie Ho	uston		800 422 at ()	-1555	
	Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed is	a check for the	e following amount:			
□ \$ 25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APRILÂS EVENTS , LLC	_	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 06/28/2023	and assigned
Florida document number L23000311156		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
April's Events , LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.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 agent and/or the new registered office address here:	address on our records, <u>enter t</u> i	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		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 Agen

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
		·	□Add
			Remove
			□Change
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			☐ Change
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Effective date, if other than the date of filing: ((optional) (fr an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 force; if the date inserted in his block does not meet the applicable statutory filing requirements, this date will not be its document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filing.) Signature of a member or authorized representative of a member	_								
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Filing Fee: \$25.00