

L23000352049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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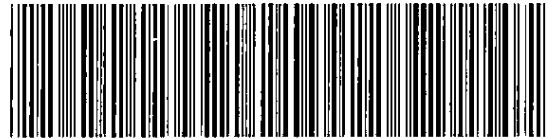
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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R. HUNT

10/23/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emaness
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon Williams
Name of Person
Emaness Events
Firm/Company
7750 Okeechobee Blvd., Suite #4-2046
Address
West Palm Beach, FL 33411
City/State and Zip Code
emaness.events@gmail.com
E-mail address: (to be used for future annual report notification)

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STATE OF FLORIDA
DIVISION OF CORPORATIONS
2023 OCT 23 PM 12:40

For further information concerning this matter, please call:

Sharon Williams 561 291-4359
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Emaness

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 25, 2023 and assigned
Florida document number 1.23000352049

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Emaness Events LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

7750 Okeechobee Blvd.

Suite #4-2046

West Palm Beach, FL 33411

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7750 Okeechobee Blvd.

Suite #4-2046

West Palm Beach, FL 33411

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STATE OF
FLORIDA
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Sharon Williams

New Registered Office Address:

93 Dogwood Court

Enter Florida street address

Royal Palm Beach

City

Florida 33411

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.

Sharon Williams

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Sharon Williams	7750 Okeechobee Blvd.	<input type="checkbox"/> Add
		Suite #4-2046	<input type="checkbox"/> Remove
		West Palm Beach, FL 33411	<input checked="" type="checkbox"/> Change
MGR	Mark Williams	7750 Okeechobee Blvd.	<input type="checkbox"/> Add
		Suite #4-2046	<input type="checkbox"/> Remove
		West Palm Beach, FL 33411	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2023

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2023 OCT 23 PM 12:40

U.S. DEPARTMENT OF JUSTICE
DIVISION OF CORRECTIONS

E. Effective date, if other than the date of filing: _____ (optional)

(If 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 the record is filed.

Dated 10/15/2023 October 15th 2023

Sharon Williams

Signature of a member or authorized representative of a member

Sharon Williams

Typed or printed name of signee