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Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration S Division of Co					
Topaz Eve	nts LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return all corresp	ondence concerning this matter t	o the following:			
	Meredith Danielle Quimby				
		Name of Person			
	Topaz Events LLC				
	·	Firm/Company		•	
	1155 32nd Ave SW				
		Address		•	
	Vero Beach, FL 32968				
		City/State and Zip Code	-	•	
	topazeventsllc@gmail.com				
	E-mail address: (t	o be used for future annual report notif	ication)		
For further information	concerning this matter, please ca	11:			
Meredith Quimby		772 633-8902 at ()			
Name	of Person	Area Code Daytime	e Telephone Number	SECRE LANGUE PHI	77
Enclosed is a check for	the following amount:			25 -	Parameter 1
S25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60,00 Fi Certifica Certified (additional	Cobin O	M

TO:

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

Topaz Events LLC			
(Name of the Limited Lighility (A Florida	y Company as it now appears on our Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRE	ESS)	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records,	enter the na	TALLE STALLED
Name of New Registered Agent:			- T- 00 - 11
New Registered Office Address:	Enter Florida street	address	PH 2:
		. Florida	FATE 57
	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 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>	Address	Type of Action
MGR	Mcredith Danielle Quimby	1155 32nd Ave SW, Vero Beach, FL 32968	
	•		□Remove
			□Change
			□Add
		□Remove	
			Change
			□Add
			□ Remove
			Change
			SECRET DEC
			PHOSE 57 Add
			Add
			□Remove
			□ Change
			□Add
			□Remove
			Change

). If amending any other inforπ	ation, enter change(s) here: (A	ttach additional sheets, if neo	cessary.)

			SEC 1823
			
E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and cannot be prior to data block does not meet the applicable s	e of filing or more than 90 days after	cr (filing.) Persuant to (12.0207 (3)); is date with not be listed as the
the record specifies a delayed effecteord is filed.	ive date, but not an effective time, a	t 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated December 5th	2023		
Mored	itaD. Glimb	2	
Meredith Danielle Qu	Signature of a member or authorized imby	Achiesentative of a memoer	
	Typed or printed nan	no of ciunes	

Filing Fee: \$25.00