L23000443038

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COVER LETTER

	Registration Se Division of Cor			•	
SUBJEC		S EVENTS LLC			·
SUDJEC	,1;	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing		
		ndence concerning this matter	-		
		Shelley C. McGuire			
			Name of Person		
		Shelley's Events LLC			
			Firm/Company		
		20370 Passagio Drive			
		· · · · · · · · · · · · · · · · · · ·	Address	 	S 20
		Venice, FL 34293			2023 OCT 18 SECRETARY
			City/State and Zip Code		
		shelley@mssmanagementil			
		E-mail address: (to be used for future annual report not	ification)	
For furth	er information c	oncerning this matter, please c	all:		
Shelley	C. McGuire		410 591-7845 at ()		13
	Name o	f Person		ne Telephone Number	•
Enclosed	is a check for th	ne following amount:			
□ \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is o	atus &
	Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of T	rporations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHELLEY'S EVENTS LLC (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 $\frac{9/25/2023}{}$ and assigned Florida document number _____L23000443038 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Mark A. McGuire Name of New Registered Agent: 20370 Passagio Drive New Registered Office Address:

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.

Venice

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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	Shelley C. McGuire	20370 Passagio Drive Venice, FL 34293	≅Add
			□Remove
			□Change
MGR	Mark A. McGuire	20370 Passagio Drive Venice, FL 34293	□Add
			Remove
			□Change
			□Add
			DREmove OCT 18
			□Add □ □ □ □ Remove ω
			□Change
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			□Remove
			□ Change

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is the Managing member of Shelley's Events LLC, and Mark A. McGuire is changed from the Manager to the			
Registered Agent.			
	 		
			
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ive date, if other than the fective date is listed, the date in	ne date of filing:	(optional) c of filing or more than 90 days after filing	.) Pursuant to 605.
If the date inserted in this	block does not meet the applicable s Department of State's records.	statutory filing requirements, this date	will not be liste
rd specifies a delayed effect iled.	tive date, but not an effective time, a	t 12:01 a.m. on the earlier of: (b) TI	ie 90th day after
neu.			
100/0	723		
10/15/2			

Filing Fee: \$25.00

Typed or printed name of signee