5/9/24, 4:53 PM

Division of Corporations

# Florida Department of State Division of Corporations Electronic Filing Obver Sheet

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Division of Corporations

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BOCA EVENT DESIGN LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

K. Brawpley

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOCA EVENT DESIGN 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 05/07/2024	and assigned
Florida document number L24000207855	Ü
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
BOCA EVENT DESIGNS LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevi	iation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
THE PROPERTY OF THE PROPERTY O	
Enter new mailing address, if applicable:	
(Mulling address MAY BE A POST OFFICE BOX)	
	<del></del>
B. If amending the registered agent and/or registered office address on our records, enter the name of	the new register
agent and/or the new registered office address here:	
	¥
Name of New Registered Agent:	
New Registered Office Address:	-5
Enter Florida street ældress	بب
. Florida	

#### 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.

City

Zip Code

### 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

Title	<u>Name</u>	Address	Type of Action
<del></del>			□Add
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1 Signature of a member or authorized representative of a member	icd _	and the same of th