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# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: EVENTUS GROUP  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:	
Hiram Rodriguez Name of Person	
EVENTUS Grove Film/Company	
893 W 37 ST Address	
Hialeah, FL 33012 City/State and Zip Code	(
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Hiram Rodrigues at (305) 188-5316  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (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

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on ou Liability Company)	r records.)		_	
The Articles of Organization for this Limited Liability Company Florida document number <b>L24000118243</b>	were filed on 03 o	4/2024	and	l assigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abb	reviation	1 "L.L.C."	
Enter new principal offices address, if applicable:			r>		
(Principal office address MUST BE A STREET ADDRESS)			1		
		 : -	,	•	
		 원질	3		
Enter new mailing address, if applicable:		H 100	<u> </u>	<b>(3)</b>	
		1100	က္	<u></u>	
Mailing address MAY BE A POST OFFICE BOX)		77	ည္မ		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records.	enter the name	of the	new regist	
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida stree	ı address			
	City	Florida	Zip Ce	ode	

## 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
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n effective date is listed, the date must be specific and cannot te: If the date inserted in this block does not meet the	t be prior to d	ate of filing or a	nore than 90 da	ays after filing.	) Pursua	int to 605.02 of be listed
cument's effective date on the Department of State's	records.	-				
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