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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Memora	Name of Limited Liability Company	
The enclosed Articles of Amendment	and fee(s) are submitted for filing.	
Please return all correspondence conce	erning this matter to the following:	
Ac	Shley Simmon S Name of Person	
<u></u>	Firm/Company	
	582 Sw Village Parkway Unit 272	
<u>P</u>	Ort St. Lucie, FL 34987 City/State and Zip Code	
_med	Morable events by Ashley Egmail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning the	is matter, please cali:	
AShley Simmer Name of Person	at (561) 889-1133 Area Code Daytime Telephone Number	
Enclosed is a check for the following	amount:	
\$25.00 Filing Fee \$30.00 Certi	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, ficate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy Certified Copy (additional copy is enclosed)	tus &
Mailing Address:	Street Address: Projection Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Memorable Events By (Name of the Limited Liability Company) (A Florida Limited Liab	AShley LLC as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L2400280621</u> .	ere filed on June 21, 2014 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability		
The new name must be distinguishable and contain the words "Limited Liability	y 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)		- <u>-</u>
		10 8
Enter new mailing address, if applicable:		 ഗ
(Mailing address MAY BE A POST OFFICE BOX)	763 244	: 20
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new re</u>	gistered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply e performance of my duties, and I am familiar with the control for in Chapter 605, F.S. Or, if this docum	ent is

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>	Type of Action
MGR	Ashley Simmons	11582 Sw Village Parkwa	iy DAdd
	,	Unit 272	□Remove
		Port. St. Lucie, FL 34987	Change
			DAdd
			□Change
			□Add
			□Remove
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Note: If th	ie date inserte	er than the da , the date must be ed in this block ate on the Depa	c does not n	nect the ap	pplicable st	of filing or mor ututory filing	e than 90 da requiremen	(optional) ys after filing nts, this date) 3.) Pursuant to 2 will not be	605.020' listed as
record sp I is filed.	ecifies a dela	yed effective d	ate, but not	an effect	ive time, at	12:01 a.m. or	the earlie	rof: (b) T	he 90th day	after the
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			X	Sl	1	epresentative o	(a mumbar	<u></u>		_
		N.F.	apaintero a i	member or	authorized r	epresentative o	a memori			

Filing Fee: \$25.00