## 124000349972

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## **COVER LETTER**

DIVI	sion of Cor	porations					
SURJECT:	GIAMMAF	RCO EVENT PLANNING, LL	.C				
oobteet.							
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Wendy Flores					
			Name of Person				
		Giammarco Event Plannin	DEVENT PLANNING, LLC  Name of Limited Liability Company  endment and fee(s) are submitted for filing.  nee concerning this matter to the following:  Wendy Flores  Name of Person  Giammarco Event Planning, LLC  Firm/Company  5067 SW 114th Street RD  Address  Ocala, FL 34476  City/State and Zip Code  nrsflores0419@gmail.com  E-mail address: (to be used for future annual report notification)  erning this matter, please call:  at ( Area Code)  Daytime Telephone Number  Dillowing amount:  \$\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Cer				
		Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  spondence concerning this matter to the following:  Wendy Flores  Name of Person  Giammarco Event Planning, LLC  Firm/Company  5067 SW 114th Street RD  Address  Ocala, FL 34476  City/State and Zip Code  mrsflores0419@gmail.com  E-mail address: (to be used for future annual report notification)  in concerning this matter, please call:  at (601 832-8341)  at (Area Code Daytime Telephone Number)  r the following amount:  □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$60.00 Filing Fee,					
		of Amendment and fee(s) are submitted for filing.  Spondence concerning this matter to the following:  Wendy Flores  Name of Person  Giammarco Event Planning, LLC  Firm/Company  5067 SW 114th Street RD  Address  Ocala, FL 34476  City/State and Zip Code  mrsflores0419@gmail.com  E-mail address: (to be used for future annual report notification)  n concerning this matter, please call:  at (					
		<u> </u>	Address				
		Ocala, FL 34476					
	Name of Person  Giammarco Event Planning, LLC  Firm/Company  5067 SW 114th Street RD  Address  Ocala, FL 34476  City/State and Zip Code thrsflores0419@gmail.com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:						
				otification)			
For further in	formation co	oncerning this matter, please ca	all:				
Wendy Flore	es		601 832-8341				
Name of Person		Area Code Days	ime Telephone Number				
Enclosed is a	check for th	e following amount:					
□ \$25.00 F	iling Fee			S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

TO: Registration Section

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

GIAMMARCO EVENT PLANNING, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	Ity Company as It now appears on our records a Limited Liability Company)	5,)
The Articles of Organization for this Limited Liability (Florida document number L24000349972	Company were filed on August 9, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	ited liability company here:	
FLORES EVENT MANAGEMENT, LLC		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC	" or the abbreviation "L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	**
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	·	the name of the new registers
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	omer r torida street adaress	`
		orida
	Ciŋ <sup>,</sup>	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 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>	Name	Address	Type of Action
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			□Change
			□Add
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Filing Fee: \$25.00