

L24000427393

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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10/21/24--01007--010 **25.00



COVER LETTER

	ion Section of Corporations		
	MIER EVENTS AND ENTERTAI	NMENT LLC	
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are su	abmitted for filing.	
Please return all co	prespondence concerning this matte	er to the following:	
	Christian Soto		
		Name of Person	
	PREMIER EVENTS AN	ND ENTERTAINMENT LLC	
		Firm/Company	
	1070 MONTGOMERY	RD #2338	
		Address	
	ALTAMONTE SPRING	SS. FL 32714	
		City/State and Zip Code	
	christian@premiereventsa		
	E-mail address	: (to be used for future annual report noti	fication)
For further informa	ation concerning this matter, please	call:	
Christian Soto		407 205-2177	
***	Name of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a cheel	k for the following amount:		
■ \$25.00 Filing l	-	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	ntion Section of Corporations	Street Address: Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company lorida document number L24000427393	y were filed on 10/03/2024	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		, -
Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
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		:
Enter new mailing address, if applicable:		·
Mailing address MAY BE A POST OFFICE BOX)		, e
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3. If amending the registered agent and/or registered office	address on our records, enter the	he name of the new reg
gent and/or the new registered office address here:	, 	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floi	rida
	City	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 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	Christian Soto	1070 MONTGOMERY RD #2338	□Add
		ALTAMONTE SPRINGS, FL 32714	□Remove
			■Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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octive date if other than the	date of filing:		(antional)	
ective date, if other than the effective date is listed, the date must	t be specific and cannot be pri	or to date of filing or more	e than 90 days after filing.) Purs	uant to 605.020
te: If the date inserted in this blo ument's effective date on the De	epartment of State's record	is able statutory filing is	requirements, this date will i	not be listed a
cord specifies a delayed effective	e date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 90th	h day after the
s filed.				
October 10	2024			
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