

L24000435005
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

2024 OCT 25 PM 8:44
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SIP & SAVOR EVENTS LLC

Certificate of Status	0
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Corporate Filing Menu

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K. SALY

OCT 28 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sip & Savor Events LLC

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:

Diego Cruz

Name of Person

ZenBusiness INC

Firm/Company

336 E. College Ave Suite 301

Address

Tallahassee, FL 32301

City/State and Zip Code

fulfillment@zenbusiness.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

c/o ZenBusiness INC

844

493-6249

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

To:

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2024-10-26 07:30:25 UTC+14

18506176383

From: ZenBusiness User

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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2024 OCT 25 PM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sip & Savor Events 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 2024-10-10 and assigned
Florida document number L24000435005.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

106 Lake Pine Circle Apt A1 Greenacres, FL 33463

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

106 Lake Pine Circle Apt A1 Greenacres, FL 33463

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 Changing Registered Agent, Signature of New Registered Agent

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To:

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18506176383

From: ZenBusiness User

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>	<u>Type of Action</u>
MGR	Stephanie LoPresti	106 Lake Pine Circle Apt A1	<input type="checkbox"/> Add
		Greenacres, FL 33463	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Stephanie LoPresti	106 Lake Pine Circle Apt A1	<input checked="" type="checkbox"/> Add
		Greenacres, FL 33463	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stephanie Paul	109 Coconut Key Lane	<input type="checkbox"/> Add
		Delray Beach, FL 33484-8932	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Stephanie Paul	109 Coconut Key Lane	<input checked="" type="checkbox"/> Add
		Delray Beach, FL 33484-8932	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA

2024 OCT 25 PM 8:44
SECRETARY OF TREASURY
TALLAHASSEE, FLORIDA

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/25, 2024

/s/ Stephanie LoPresti

Signature of a member or authorized representative of a member

Stephanie LoPresti

Typed or printed name of signee