

L10000048213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

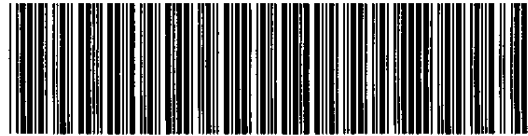
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

NOV -6 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dumbo's Party Rentals 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:

Christina Ortiz
Name of Person

Dumbo's Party Rentals LLC
Firm/Company

3717 557th ave
Address

Greenacres, Fla 33415
City/State and Zip Code

jessico12@hotmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Christina Ortiz at (561) 351 3214
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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TALLAHASSEE, FLORIDA

Chendo's Party Rentals 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 5/3/10 and assigned Florida document number L10000048213

This amendment is submitted to amend the following:

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

Dumbo's Party Rentals LLC
The new name must be distinguishable and end with the words "Limited Liability 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)

3717 557th ave
Greenacres, Fla
33463

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3717 557th ave
greenacres, Fla
33463

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:

Christina Ortiz

New Registered Office Address:

3717 557th ave

Enter Florida street address

Greenacres, Florida 33463
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 608, 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.

Christina Ortiz
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Miguelito Rosado	3717 S 57th Ave Greenacres Fla	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Rosendo Ortiz	2178 W Palma Cir WPB Fla 33415	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Christina Ortiz	3717 S 57th Ave Greenacres, Fla 33463	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 TALLAHASSEE, FLORIDA

Dated

October 25 2012

Christina Ortiz

 Signature of a member or authorized representative of a member

Christina Ortiz

 Typed or printed name of signer