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K. SALY SEP 18 2018

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	<u> </u>	USES & Party ited Liability Corupany	Rentals
The englosed Articles of	Amendment and fee(s) are sub-	mitted for filing	
Please return all correspo	ndence concerning this matter	to the following:	
	- Rolf	Gayo+ Name of Person	
	LKG Bounc	e Houses & Par	1 , ReiHals
	2457	Miley St Address	· ·
	Hollyn	City/State and Zip Code	020
	LK GDOUNCE!	LUSE and party	Irentals @ yahio, con
For further information c	oncerning this matter, please ca	all:	<u> </u>
Polf Go	1 Person	at (786) 419- Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 SEP 12 AM 2:50

KG Bounce House (Name of the Limited Liability Co.) (A Florida Li	Company'as it now appears on mited Liability Company)	cental:	S FLORIDA
The Articles of Organization for this Limited Liability Com Florida document number L_1100013 26	(The	111111	and assigned RG
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited OOLLKG BOUNCE HOUSES The new name must be distinguishable and contain the words "Limited"	SE PARTY B	ENTALS nation "LLC" or the a	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)			
THICIPUI OFFICE UNITESS MOST BE A STREET ADDRES			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		r records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	etraat addrase	
	Enter Ptortal		
	City	, Florida	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: 18 SEP 12 AM 2:5n MGR = Manager AMBR = Authorized Member Type of Action Address Title **Name** ☐ Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) F/L ED 18 SEP 12 AH 2:57 FALLAMASSEE FORDA
_	SEChi 2 AH 2:50
	ALLAMASSEE STATE
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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	September 10. 2018. Signature of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00