L17000 242198

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S. ROBERTS
JUN - 1 2023

COVER LETTER

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 $Registration [Section \,$

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Cor	porations					
	TA PARTY	' RENTALS	•			
SUBJECT:						
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	indence concerning this matter	to the following:				
·		_				
	TESIR ESCARMENT					
		Name of Person				
	TA PARTY RENTALS					
Firm/Company						
	362 NE 55 TR					
Address						
	MIAMI, FL 33137					
	SUPPORT@ ESCAR8GRO	City/State and Zip Code OUP.COM				
	E-mail address: (to be used for future annual	report notification)			
For further information c	oncerning this matter, please c	all:				
TESIR ESCARMENT		786	355-4003			
Name of Person		at () 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 enc	Certificate of Status &			
Mailing Addres	S:	Street Ac	Idress:			
Registration S	Section		ution Section			
Division of Corporations		Division of Corporations				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TA PARTY RENTALS (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 11/27/2017 and assigned Florida document number L17000242198 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ESCAR 8 GROUP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 407 LINCOLN RD Enter new principal offices address, if applicable: SUITE 6H PMB 1192 (Principal office address MUST BE A STREET ADDRESS) MIAMI BEACH, FL 33139 Enter new mailing address, if applicable: (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:

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.

Cirv

Enter Florida street address

_. Florida ___

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>	Type of Action
AMBR	ERICA'S, COLES	407 LINCOLN RD SUITE 6H PMB 1192 MIAMI FL, 33139	≣ Add
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<u>Note:</u> H	date, if other than the ive date is listed, the date must the date inserted in this blows effective date on the De	ock does not mee	t the applicable sta	of filing or more than 90 itutory filing requires	(optional) days after filing.) Pursuant to ments, this date will not be	o 605,0207 (3)(e listed as the
f the record s ecord is filed	pecifies a delayed effective	e date, but not an	effective time, at	12:01 a.m. on the ear	lier of: (b) The 90th day	after the
	PRIL., 7		2023			
Dut of Al						
Dated Al		···	7	Λ		

Filing Fee: \$25.00

Typed or printed name of signee