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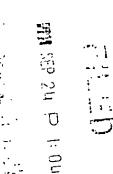
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COVER LETTER

TO: Registration Sect Division of Corpo	orations			
SUBJECT: 4 M	y Kids Party Name of Lim	Rentals		
	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Monica	Sarrido Name of Person		
		Name of Person		
		-		
		Firm/Company	W. S. 21	٠,
	2351 NW 60	Address		
	*	Address	. 21	ļ
	Suncise, TL	Address 33313 City/State and Zip Code		
		City/State and Zip Code	· 	
	E-mil address: (1	to be us where future annual report notific	cation)	
For further information cor	ncerning this matter, please ca	all:		
ROM GU	crido	at (786) 395- 5 Area Code Daytime	830	
Name of I	Person	Area Code Daytime	Telephone Number	
	CH			
Enclosed is a check for the	_	F1 055 00 EW - E - A	ELCONOLUL EL	
\$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 IN	SG ADDRESS:	STREET/COURIE	R ADDRESS:	
	tion Section	Registration Section		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4 My Kids Party	Rentals LLC.	
My Kids Party (Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our ted Liability Company)	records.)
The Articles of Organization for this Limited Liability Comparison document number $\bot 1800009079$.	any were filed on///	0/188:00 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
Creative Things LLC.		
The new name must be distinguishable and contain the words "Limited Li	iability 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	<u> </u>	j. 183
		(H
		रं सं
Enter new mailing address, if applicable:		24
Mailing address MAY BE A POST OFFICE BOX)		
		£∵. 5 €
3. If amending the registered agent and/or registered		ecords, enter the name of the no
registered agent and/or the new registered office address b	<u>iere</u> :	
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

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 = A	Nuthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
		<u> </u>	
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ve date, if other t ective date is listed, the If the date inserted ent's effective date	e date must be sp in this block do	ecific and cannot be ses not meet the	be prior to date of filing or applicable statutory fil ecords.	more than 90 days aft	tional) er filing.) Pursuant to 60 nis date will not be lis
90th day after	the record is		out not an effective	time, at 12:01	a.m. on the earl
9/20	/18		<u>/</u> .		
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Page 3 of 3

Filing Fee: \$25.00