

L19000 139703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

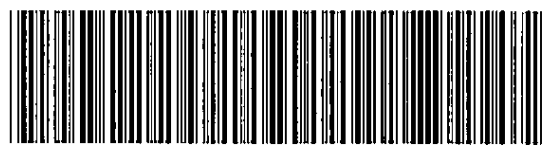
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/08/19--01012--006 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 AUG -5 PM 2:30

Amend

AUG 08 2019

D CUSHING



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2019

CINDY C LOPEZ
ROYAL BOUNCE HOUSES LLC
920 23RD ST SW
NAPLES, FL 34117

SUBJECT: ROYAL BOUNCE HOUSES LLC
Ref. Number: L19000139703

We have received your document for ROYAL BOUNCE HOUSES LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

It appears that you may have completed the wrong application. The Registered Agent listed on our records is Cindy Lopez. Fabiola Garcia Avicena is listed as a manager. It appears that you are changing the spelling of Mr Avicena. If that is what you are trying to do please complete the attached amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 119A00014771

RECEIVED

2019 AUG -5 AM 11:24

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ROYAL BOUNCE HOUSES 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 05/24/2019 and assigned Florida document number L19000139703.

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:

(Principal office address MUST BE A STREET ADDRESS)

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:

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FABIOLA GARCIA AVICENA		<input type="checkbox"/> Add
		920 23RD ST SW NAPLES, FL 34117	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FABIOLA GARCIA AVILENA	920 23RD ST SW NAPLES, FL 34117	<input checked="" type="checkbox"/> Add
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 JULY 30TH 2019

Handwritten signature of Cindy C Lopez over a horizontal line.

Signature of a member or authorized representative of a member

CINDY C LOPEZ

Typed or printed name of signee