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COVER LETTER

	Registration Sec Division of Corp						
SUBJEC		ARTY RENTALS LLC					
SUBJEC		Name of Lim	ited Liability Company				
		Amendment and fee(s) are sub	_				
		CORDELL PLUMMER					
			Name of Person				
		SLIDE & PARTY RENTA	ALS LLC		san .	2	
			Firm/Company		28	022	
		5910 STARLING DRIVE				2022 JUN -6	T
			Address			9-	
		MULBERRY, FL. 33860			•	7. 1.	FILED
			City/State and Zip Code			Ġ;	
		CORDELLRANE1995@G		<u> </u>		F	
For furthe	er information co	e-mail address: (to be used for future annual report notified.	ncation)			
	LL PLUMMER	, , , , , , , , , , , , , , , , , , ,	863 8370797 at ()				
	Name of	Person		e Telephone Number			
Enclosed	is a check for th	e following amount:					
□ \$2 5.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Statu		

Malling Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SLIDE & PARTY RENTALS LLC	(th. C	
(A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	I
he Articles of Organization for this Limited Liability (Company were filed on 07/08/2021	and assigned
orida document number L21000313237	·	
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the lim	nited liability company here:	
HE SLIDE PARTY LLC		
e new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADD	RESS)	
		20
		022
		in § ⊤
nter new mailing address, if applicable:		1
failing address MAY BE A POST OFFICE BOX)	•	<u> </u>
		ထ္
If amending the registered agent and/or registere ent and/or the new registered office address here:	ed office address on our records, <u>enter th</u>	ie name of the new registe
Name of New Registered Agent:	,	<u></u>
New Registered Office Address:	Enter Florida street address	
	enter run um sweet dawess	
	, Flor	ida
	City	∠ap ∪oae

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
 -			□ Add
			☐Remove
			Change
			□Remove
			Change
 			□ Add
		***	□Remove
			Change
			□ Add
			□Remove
			☐ Change
			ÜAdd
			□Remove

_____ □ Change

Effective date, if other than the date of filing: (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 605.020. Note; if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 ord is filed. Dated MAY 11TH 2022 Signature of a member or authorized representative of a member							
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