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PICK-UP WAIT MAIL
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(Document Number)
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ECRETARY OF STATE

A. BUTLER APR 15 2022

COVER LETTER

	Registration Sec Division of Corp		,	
SUBJEC	SPLASH N	BOUNCE LLC	·	
SUBJEC	1:	Name of Lim	ited Liability Company	 -
The enclo	sed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		KANDACE B LADD		
		No BOUNCE LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: KANDACE B LADD Name of Person SPASH N' BOUNCE LLC Firm/Company PO BOX 644 Address POLK CITY, FL 33868 City/State and Zip Code kandaceladd0409@gmail.com E-mail address: (to be used for future annual report notification) n concerning this matter, please call: at (Area Code Daytime Telephone Number) r the following amount: S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) ress: Need: Street Address: Registration Section Corporations The Centre of Tallahassee		
		SPASH N' BOUNCE LLC		
		-	Firm/Company	
		PO BOX 644		
			Address	
		POLK CITY, FL 33868		
		<u> </u>	om	
For furthe	er information co		·	ification)
KANDA(CE B LADD	·		
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25. 0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
 	Mailing Address Registration S Division of C P.O. Box 632 Fallahassee, F	ection orporations 7	Registration So Division of Co The Centre of 2415 N. Monro	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SPLASH N' BOUNCE LLC

2022 HAR 31 PM 1: 09

(Name of the Limited Liability Company as it now appears on	our records)
(<u>Name of the Limited Liability Company as it now appears on</u> (A Florida Limited Liability Company)	TALLAHASSEF ET
The Articles of Organization for this Limited Liability Company were filed on $\frac{0.01137}{1000}$	2022 and assigned
Florida document number L22000029373	
This amendment is submitted to amend the following:	
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 "LLC." 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 registeres agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	
The new name must be distinguishable and contain the words "Limited Liability Company," the desig	nation "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)	
· ————————————————————————————————————	
	rds, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
Enter Florida	street address
	, 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 cap	
provisions of all statutes relative to the proper and complete performance of my accept the obligations of my position as registered agent as provided for in Cha	
being filed to merely reflect a change in the registered office address. I hereby c	
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>	Address	Type of Action
AMBR	KANDACE B LADD	6018 FUSSELL RD E	□Add
		POLK CITY, FL 33868	□Remove
			■Change
AMBR	DAWLTON W VANN	1020 SHADOW RUN DR	□Add
		LAKELAND, FL 33813	■Remove
	•		□Change
			∐Add
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Kandan Padd	recoi Lis fi	d 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 led.
Signature of a member or authorized representative of a member	ated	MARCH 28
. Signature of a memori of authorized representative of a member		Kandan Madd
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00