

L22000353703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

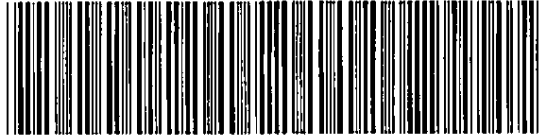
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR - 6 2023

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CONFIDENTIAL - 005 **25.10

MAR - 6 2023

FILED
2023 MAR - 7 AM 4:04
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VOLAR PARTY EVENTS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

LUIS RUIZ
Name of Person
VOLAR PARTY EVENTS LLC
Firm/Company
251 TOWERVIEW DR W.
Address
HAINES CITY, FL 33844
City/State and Zip Code
lrui434@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS RUIZ at (954) 248-8751
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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)

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAR -7 AM 4:05

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

VOLAR PARTY EVENTS 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 AUGUST 11, 2022 and assigned Florida document number 1.22000353703.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

VOLAR FLORIST LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

251 TOWERVIEW DRIVE WEST

(Principal office address MUST BE A STREET ADDRESS)

HAINESS CITY, FL 33844

Enter new mailing address, if applicable:

251 TOWERVIEW DRIVE WEST

(Mailing address MAY BE A POST OFFICE BOX)

HAINESS CITY, FL 33844

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:

N/A

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

FILED
JAN -7 AM 4:05
CLERK OF SUPERIOR COURT
HAINESS, 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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change

2023 MAR 27 AM 4:05
 SECRETARY OF STATE
 TALLAHASSEE FL
 FILED
 Change
 Add
 Remove
 Change

