

## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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Fax Number

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## AMND/RESTATE/CORRECT OR M/MG RESIGN

## IT'S PARTY TIME INFLATABLES LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IT'S PARTY TIMEINFLATABLES L					
(Numa of the Limited Liability Company (A Florida Limited Lia	y as it now appears ability Company)	on our records.)			
The Articles of Organization for this Limited Liability Company w	vere filed on MA	RCH 23, 2007	_ and assigned		
Florida document number 1.07000032001					
This amendment is submitted to amend the following:		,			
A. If amending name, enter the new name of the limited liabili	ity company here:	:			
ALTUN ENTERPRISES, LLC					
The new name must be distinguishable and end with the words "Limite" L.L.C."	d Liability Company	y," the designation "LLC	or the abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
•					
Enter new mailing address, if applicable:				0	
(Mailing address MAY BE A POST OFFICE BOX)			SEC	H 80	
				HAY	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our	r records, <u>eater the</u>	name of the near OF ST	23 AM 8:	
Name of New Registered Agent:				45	
New Registered Office Address:	= 1t.		<u></u>		
	(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 608, 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)

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MGR = Manager

MGRM = Managing Member

863-688-9771

If amending the Managers or Managing Members on our records, enter the fitle, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
MGRM	TOBIAS, WILLIAM T. SR.	7222 Sheffield Drive Lakeland, Florida 33810	Add Remove
			Add Removo 
<del></del>			Add Remove
			Add Remove
			Add Remove
			Add Remove ALLAHA
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	HETARY OF STATE AHASSEE, FLORIDA
			, 
Dated <u>May</u>	with T. Zako TR		
-	Signature of a member of William T. Tobias .Ir Member	r authorized representative of a member	<del></del>

Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00

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