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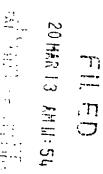
(Requestor's Name)
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MAR 1 6 2020

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Set Me Free Bounce House and Party Supplies us
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Simone Reynolob Name of Person
Set me free Bource House and Paty Suppli
142 SW 67 Drive
Oheechobee FL 34994 City/State and Zip Code
Setme Free Party Supplies Egman - com E-mail address: (to be used for fulfred annual report notification)
For further information concerning this matter, please call:
Simone Rejasol at (863) 357 0338 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		our records.)
The Articles of Organization for this Limited Liability Company	were filed on Sep	temby of rock and assigned
Plorida document number 4 180 00 21 6930	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	142 SI	d 67 Drive bee II 34974
Principal office address MUST BE A STREET ADDRESS)	Oheecho	bee Il 34974
Enter new mailing address, if applicable:	San	al above?
(Mailing address MAY BE A POST OFFICE BOX)		7, 2
		3 ,
		₹ 1
B. If amending the registered agent and/or registered office:	address on our reco	
agent and/or the new registered office address here:		17.5 17.5
Name of New Registered Agent:		
New Registered Office Address:		
rew registered office readies.	Enter Florida	street address
· · · · · · · · · · · · · · · · · · ·		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	
I hereby accept the appointment as registered agent and agr		pacity. I further agree to comply with the adulties, and I am familiar with and

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
MUL	Tajay Posrmar	Ohre Chober II 3497	□Add
	0 /	Ohre Chober II 3497	Ψ _□Remove
			Change
MGR	Simone Reynlob	142 Su 67 Drive Oheechobee II	□Add
	l	Ohecchobee II	□Remove
	34974	Change	
MGZ	Robert Tesoviere	142 Sw 67 Drive	
		Olhee choke 71 3497	<u> </u>
			
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an effective date is listed.	r than the date of fili the date must be specific a	ind cannot be prior to	o date of filing or mo	optio re than 90 days after	filing.) Pursi	ant to 605.0	.020
lote: If the date inserte ocument's effective da	ed in this block does not the on the Department of	t meet the applica f State's records.	ble statutory filing	requirements, this	date will r	ot be listed	ed as
record execition a delay	yed effective date, but n	ot an effective tin	ne, at 12:01 a.m. o	n the earlier of: (b)) The 90th	i day after	the
d is tiled.	ı vo	0000					
d is tiled.	Signature of Sima	. <u>7020</u>	-/	1			

Filing Fee: \$25.00