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(Re	equestor's Name)	
. (Ad	ldress)	
(Ac	ldress)	
(Ĉi	ty/State/Zip/Phone#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	,
(Do	ocument Number)	
Certified Copies	Certificates of	f Status
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2016 JUN 30 AM II: 39

K.SALY EXAMINER IUL -1

COVER LETTER

	ision of Corpo				
SUBJECT:	PARTY NOW	, LLC			
SUBJECT:		Name of Limite	ed Liability Company		
		nendment and fee(s) are submence concerning this matter to			
		William A. Dooley	Ü		
			Name of Person		
		William A. Dooley, P.A.			
			Firm/Company		
		2042 Bee Ridge Road			
			Address		
		Sarasota, Florida 34239			
			City/State and Zip Code		
		E-mail address: (to	be used for future annual re	port notification)	
For further in	nformation con-	cerning this matter, please cal	1:		
William A. I	Dooley		941 556-	7200	
	Name of P	erson	Area Code	Daytime Telephone Number	
Enclosed is a	check for the	following amount:			
\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed) \$60.00 Filing F Certificate of Sed) Certified Copy (additional copy is	Status & y

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZOI6 JUN 30 AM 11: 39

FALLAHASSEE, FLORIDA

PARTY NOW, 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 Cor	mpany were filed on 04/19/2002	and assigned	
Florida document number L02000009383			
This amendment is submitted to amend the following:	·		
A. If amending name, enter the new name of the limite	ed liability company here:		
Gecko's - 64, LLC			
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	SSS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	ered office address on our records ess here:	, enter the name of the new	
New Registered Office Address:	Enter Florida street addres	S	
	, Florida		
	City	o rida Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, arent as provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is	
	If Changing Registered Agent, Signature	of New Registered Agent	

If amendin	f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:		
MGR = N	•	FILED	
<u>Title</u>	Name	Address 2016 JUN 30 AM 11: 3 grype of Action	
		SECRETARY OF STATE IALLAHASSEE. FLORIDA Address	
		Remove	
		Change	
		□ Remove	
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		Remove	
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		20	FILED 16 JUN 30 AM II:
			CRETARY OF STATE AHASSEE, FLORIO
		TAL	CHETARY OF STATE
			TOSEE, FLORIU
			-
ffective date, if other than the da an effective date is listed, the date must be	e of filing:	(opt	ional)
ote: If the date inserted in this block	does not meet the applicable statu	filing or more than 90 days aft ttory filing requirements, th	er filing.) Pursuant to 605.03 is date will not be listed
ocument's effective date on the Depart	tment of State's records.		
e record specifies a delayed ef	factive data but not an eff	ingtive time at 12.01	
The 90th day after the record	is filed.	ective time, at 12:01	a.m. on the earlier
T 18	2017		
ated June 6	, 2016		
11/1/1			

Page 3 of 3

Filing Fee: \$25.00