

LOS 0000069888

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

FEB 26 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Over the top 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:

Silvia Nogues
(Name of Person)
Over the top Party + Events, LLC
(Firm/Company)
10438 NW 31 Terce.
(Address)
Donal, FL 33172
(City/State and Zip Code)

For further information concerning this matter, please call:

Silvia Nogues at (786) 486-7639
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Over the top 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

7/15/2008

2008 FEB 25 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

and assigned

Florida document number LO5000069888

This amendment is submitted to amend the following:

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

Kid's Party World, LLC.

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

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:

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 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)

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

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Alexis Santamaria	10438 NW 31 KNR. Doral, FL 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Silvia Santamaria	10438 NW 31 KNR. Doral, FL 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Silvia Nogues	10438 NW 31 KNR. Doral, FL 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FEB 25 9:58 AM

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____

Lissette Queda

Signature of a member or authorized representative of a member

Lissette Queda

Typed or printed name of signee