L06000062069

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
·. (Document Number)	
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09 SEP 30 AM ID: 44
SECRETARY OF STATE
TALLAHASSEE, FLORID

Office Use Only

COVER LETTER

SUBJECT: Coast2Coast Party Rentals, 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:				
Jack Edwards				
Name of Person				
Coast2Coast Party Rentals				
Firm/Company				
132 Dirksen Drive				
Address				
Debary, FL 32713				
City/State and Zip Code				
jackedwards79@gmail.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Jack Edwards at (407) 927-1827 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	osed)			

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

FILED

09 SEP 30 AM 10: 44

SECRETARY OF

Coast2Coast Party Rentals, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 06/19/2006 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned L06000062069 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 620 Savage Ct Longwood, FL 32750 (Principal office address MUST BE A STREET ADDRESS) 132 Dirksen Dr Enter new mailing address, if applicable: Debary, FL 32713 (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

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:

	Manager = Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Jack Edwards	132 Dirksen Drive Debary, FL 32713	Add Remove
MGR	Jack Edwards	132 Dirksen Dr Debary, FL 32713 (Change from MGR to MGRM)	Add Remove
MGRM	Alan Dominy	9411 Waldstrasse Ct Orlando, FL 32824	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If am	nending any other information, enter ch To clarify above instructions	ange(s) here: (Attach additional sheets, if necessary.)	_
	Alan Dominy is being added as a	Managing Member, Jack Edwards is	-
	just being changed from MGR to	MGRM to accurately represent ownership	P II
Dated	09/28	2009	30 AM 10: 44 ARY OF STATE ARSEE, FLORIDA
	Signature of a mer	mber or authorized representative of a member Jack Edwards	
	Ту	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00