

L06000062069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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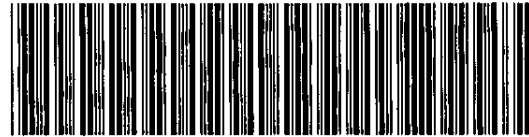
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 28 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

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:

Wesley Edwards

Name of Person

Coast2Coast Party Rentals, LLC

Firm/Company

400 North Street Unit 192

Address

Longwood, FL 32750

City/State and Zip Code

coast2coastparty@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wesley Edwards

Name of Person

at (407) 574-4849

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

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

Coast2Coast Party Rentals, 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 06/19/06 and assigned
Florida document number L06000062069

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

(Principal office address MUST BE A STREET ADDRESS)

400 North Street Unit 192

Longwood, FL 32750

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

400 North Street Unit 192

Longwood, FL 32750

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:

Wesley Edwards

New Registered Office Address:

400 North Street Unit 192

Enter Florida street address

Longwood

City

Florida 32750

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 605, 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	Jack Edwards	132 Dirksen Dr	<input type="checkbox"/> Add
		Debary, FL 32713	<input checked="" type="checkbox"/> Remove
MGRM	Alan Dominy	9411 Waldstrasse Ct	<input type="checkbox"/> Add
		Orlando, FL 32824	<input checked="" type="checkbox"/> Remove
MGRM	Wesley Edwards	293 Evansdale Rd	<input checked="" type="checkbox"/> Add
		Lake Mary, FL 32746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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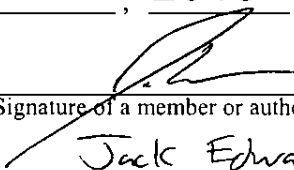
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TALLAHASSEE, FLORIDA

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Add
Remove

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

Dated 08/09, 2013


Signature of a member or authorized representative of a member

Jack Edwards

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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