L10000010107

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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A. LUNT
MAR - 3 2010

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EXAMINER



100166327791

02/04/10--01040--002 **30.00

SECRETARY OF STATE.

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 5, 2010

ANTHONY A. TRONCONE 801 E DANIA BEACH BLVD. LOT 60 DANIA BEACH, FL 33004

SUBJECT: YAN LOADEN PARTY PRODUCTIONS LLC

Ref. Number: L10000010107



We have received your document for YAN LOADEN PARTY PRODUCTIONS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 510A00003085

COVER LETTER

TO:	Registration So Division of Cor						
SUBJE	·CT·	Yan Loaden P	arty Productions LLC				
30131			ted Liability Company				
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
			Anthony A. Troncone				
			Name of Person				
		Yan Loa	aden Party Productions LLC		TAS:	201	
			Firm/Company			<u>=</u>	**
		801 E	. Dania Beach Blvd Lot 60		E TA	2010 MAR -2	
			Address		SEC.		-
		D	ania Beach FL 33004		دع الله الله إليان	PH =:	ָ כ
			City/State and Zip Code		ORIO,		
		poi E-mail address: (ntdexster@yahoo.com to be used for future annual report notificati	on)	,D		
For fur	ther information c	concerning this matter, please of	call:				
		ony A. Troncone	at (954) 81. Area Code & Daytime Te	5-2124 lephone Number			
Enclos	ed is a check for t	he following amount:					
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified (additional	e of Status Copy		l)
	Regist	LING ADDRESS: ration Section on of Corporations	STREET/COURIER Registration Section Division of Corporation			٠	

P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yan Loade	<u>n Party Production</u>	s LLC		
(Name of the Limited Liabili (A Florid	ity Company as it now appo a Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Florida document number			O and assigned	
This amendment is submitted to amend the following:	-			
A. If amending name, enter the new name of the li	mited liability company b	ere:		
Yon Loade	n Party Productions L	LC	Ta 22	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Con	npany," the designation "	AB	ation
Enter new principal offices address, if applicable:			PS 10	
(Principal office address MUST BE A STREET ADI	ORESS)		me - v	Ш
Enter new mailing address, if applicable:			S CRAPE OR OF THE PROPERTY OF	_
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac Name of New Registered Agent:		n our records, <u>enter</u>	the name of the	new
New Registered Office Address:				
		Enter Florida street ad	aress	
_		, 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 out records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

TALLAHASS	<u> Title Name</u>	Address Type of A
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		— •
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		Remove
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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2/1/20		
Dated 2/16/20/0		Remove
Dated 2/16/2010). If amending any other information, ente	
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(Introver a. honore). If amending any other information, ente	
Signature of a member or authorized representative of a member	2/1/2010	
Typed or printed name of signee	Dated 2/16/2010,	r change(s) here: (Attach additional sheets, if necessary.) The content of a member of a
HE OF GUARDA Page 2 of 2 Page 7 of 2	Dated 2/16/2010 I Anthony a. Signature of a	r change(s) here: (Attach additional sheets, if necessary.) The control of the c
Filing Fee: \$2500 FLOR M. JORGE ANTHONY A TRUN WAS O PRODUCED A PLA. DRIVENIS W.C. Commission # DD 553098	Dated 2/16/2010, Signature of a	r change(s) here: (Attach additional sheets, if necessary.) Torcore member or authorized representative of a member Anthony A. Troncone Typed or printed name of signee