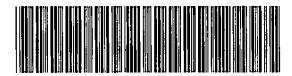
L10000043921

(Re	equestor's Name)	···
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 24, 2020

KIANA SUAREZ 3012 35TH STREET SW LEHIGH ACRES, FL 33976

SUBJECT: LEMURS PARTY RENTALS, LLC

Ref. Number: L10000043921

We have received your document for LEMURS PARTY RENTALS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6050.

Letter Number: 920A00018338

Shelia S Young Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	Lemors Party Name of Limit	Restals 110 and Liability Company	<u> </u>
The enclosed Articles	of Amendment and fee(s) are subm	nitted for filing.	
Please return all corre	spondence concerning this matter to	o the following:	
	Kian	A SUDICE Z Name of Person	
		Firm/Company	, v.,
	3012	35 ⁴⁴ 54 5w Address	
	<u>Lehigh</u>	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	976
	li-mail address: (to	o boused for future and all report noti	ification)
For further information	on concerning this matter, please ca	II:	
<u>Christ</u> Nan	Mojica Mojica	at (<u>239</u>) <u>634 -</u> Area Code Daytim	5369 ne Telephone Number
Enclosed is a check for	or the following amount:		
\$\$\$25.00 Filing Fee	© \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lemois	Party	Bentals	LLC	
(<u>Name of the Limit</u>	ed Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Li	iability Company	were filed on	8/4/20	and assigned
Florida document number <u>L 100600 4</u>	3921			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company he	<u>ere</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our re	ecords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	Christ	tian Mo	jica	
New Registered Office Address:	_ 30/2	2 35 H Enter Flor	5 / 5 / 5 / S / S / S / S / S / S / S /	
	Lehigh	Acres	ida street address Florida	33976
		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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Christian Mojica	30/2 35th st sw	© Add
		30/2 35th st sw Lehigh Acces, F/ 33916	□Remove
			□Change
			□Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
	-		□Change
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			Remove
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ffectiv	e date, if other than the date of filing:
an effec ote: T	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 the date inserted in this b <u>loc</u> k does not meet the applicable statutory filing requirements, this date will not be listed as
ocumer	n's effective date on the Department of State's records.
record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is file	1.
ated _	8/4 2020
	Signature of a member or authorized representative of a member
	KIANA SUAY CZ Typed or printed name of signee