

L10000123092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

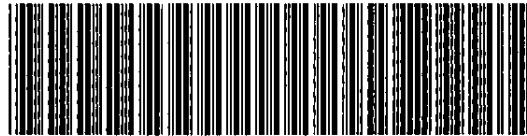
(Business Entity Name)

(Document Number)

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11 AUG 29 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan AUG 30 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

PARTY IN A BOX LLC
Name of Limited Liability Company

(COATINGS IN MOTION
LLC)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brigitte Perez
Name of Person
Party in a Box LLC
Firm/Company
1431 NW 22nd St
Address
Sunrise FL 33313
City/State and Zip Code
PARTYINABOXFL@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brigitte Perez
Name of Person
at 954 249 6043
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee
☒ \$50.00 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**

FILED

11 AUG 29 PM 12:08

COATINGS IN MOTION LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11/30/2010

The Articles of Organization for this Limited Liability Company were filed on 12/01/2010 and assigned Florida document number 27-4081197.

This amendment is submitted to amend the following:

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

PARTY IN A BOX, LLC

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)

6431 NW 22nd ST

SUNRISE FL 33313

Enter new mailing address, if applicable:

(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:

BRIGITTE PEREZ

New Registered Office Address:

10431 NW 22nd ST

Enter Florida street address

SUNRISE

City

Florida

33313

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.

[Signature]
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

Title	Name	Address	Type of Action
MGRM	Brigitte Perez	6431 NW 22nd St Sunrise FL 33313	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____

Signature of a member or authorized representative of a member

Brigitte Perez

Typed or printed name of signee

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11 AUG 29 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA