L11000052566

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SECRETARY OF STATE
TAIL AHASSEE FINATE

J. SAULSBERRY EXAMINER

AUG 10 2011

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: <u></u>	REMIER BOUNCE I	N SLIDE PARTY RE	ENTALS LLC	2_	
	Name of Lin	nited Liability Company	_		
The enclosed A	rticles of Amendment and fee(s) are so	ubmitted for filing.			
Please return all	correspondence concerning this matte	er to the following:			
	· CHRIS })' Am BRO 5-10 Name of Person	TALLAHA	2011 AUG -9 AM 8: 08	T
		Firm/Company	SEE SEE		
	4740 Lago	Vista Drive	HASSEE, FLORID	AH 8: 00	
	_ Coconut C	reek, FL 33073 City/State and Zip Code	· Þ	ω	
	Chris e pre E-mail address:	mier bouncenstide . C (to be used for future annual report notifica	lom tion)		
For further infor	mation concerning this matter, please	·			
CHRIS	D'AmBROSIO Name of Person	at (<u>954)</u> 300-335° Area Code & Daytime T		_	
Enclosed is a ch	eck for the following amount: g Fee \$\sum_\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fe Certificate of S Certified Copy (additional cop	Status &	
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIEI Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ions er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIER BOUNCE N SLIDE 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 Florida document number <u>LII000052566</u> .	2011 SE TAL
This amendment is submitted to amend the following:	LAHAS -
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLB" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4740 Lago Vista Drive Coconut Creek, FL 33073
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4740 Lago Vista Drive Coconut Creek, FL 33073
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	Tice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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 our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGRM	CHRIS D'AMBROSIO	5895 NW 62 TERRACE PARKLAND FL 33067	Add Remove			
<u>MG EM</u>	BARTA DEVIN	5895 NW 62 TERRACE PARKLAND FL 33067	Add Remove			
<u>mglm</u>	ADRIENNE NATAN	5895 NW 62 TERRAE PARLLAND FI 33067	Add \ Remove			
<u>mglm</u>	CHRIS D'AMBROSIO	4740 Lago Vista Drive Coconut Creek, FL 33073	Add Remove			
MG RM	BARTA DEVIN	4740 Lago Vista Drive Coconut Creek, FL 33073	Add Remove			
MGKM	ADRIENNE NATAN	4740 Lago Vista Drive Coconut Creek, FL 33073	Add Remove			
D. If amendi	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary)	FILE[
Dated AU	Signature of a member of ADRIENNE NA	or authorized representative of a member	_			
Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00